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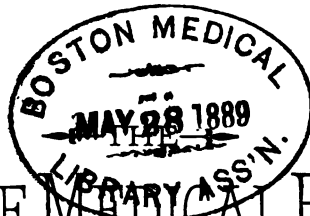
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IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, JULY, 1884.

No. 1.

ORIGINAL ARTICLES.

CONCUSSION OF THE SPINAL CORD.

BY C. H. PRESTON, M. D., DAVENPORT.

Case—J. W. L., aged 19, single, member of Co. B., 2d regiment, I. N. G., was injured August 15, 1883, at Fairfield, Iowa, by a blanket-tossing at the hands of comrades of Co. A, on the occasion of the annual encampment of the Guards. On August 18, I saw him at his boarding place in this city, whither he had been carried from the train the evening before. He complained of a constant, quite severe pain in the lower dorsal region, with a feeling of great weakness. There was no paralysis present, no marked local tenderness nor altered surface sensibility, and the mind seemed in no wise affected. The patient was a slight built, light-complected youth, of a rather excitable, nervous temperament, but previous to this injury had never suffered from any nervous affection. He was cheerful and bright, and gave the following history of his mishap. Being seized from behind by his facetious friends, he was thrown into the blanket and tossed twice into the air, the second time coming flat to the ground on his back from a height of some six or eight feet. He felt a tingling sensation, succeeded by numbness, but soon arose to his feet, thinking he was not hurt. Three or four hours later, however, he noticed a dull pain across the lower part of the back. Returning to his tent he slept pretty well that night but felt lame the next day, and kept quiet till evening, when he joined his regiment

in dress parade. His back got very weak, but not painful, and he again slept well at night. On Friday, the 17th, the weather being quite hot, he joined in a grand parade through the principal streets of the town, during which he felt some pain in the back but did not suffer from heat. After stacking arms in the park, and while strolling about with some of his companions, he suddenly sank to the ground with a feeling as if his back were broken, and became unconscious for a short time. On coming to he seemed to have no power to so much as move a finger or open his eyes, though perfectly aware of all that was said and done about him. He was soon revived, however, by stimulants, and conveyed to the train to return with his company. The treatment prescribed was absolute quiet with rest in bed, a mild initial cathartic—the bowels being confined—potassium bromide as required for sleep and counter-irritation to the spine. In a fortnight he had so far improved as to be up and about, although instructions as to rest etc. had been only partially observed. On returning from a walk about this time, he was taken with a sudden, sharp pain in the back of the head, and fell violently to the floor, where he lay unconscious and as if dead for some five minutes. This attack was repeated four or five days later, and soon seldom a day passed without one or two tumbles. An extra excitement or exertion sufficed to induce them, but often when talking, reading, or walking, and not in the least excited, the sharp occipital pain would take him without warning and he would fall unconscious to the ground.

On September 22, Dr. W. W. Gray

was called in consultation, and reasoning that these semi-spasmodic unconscious spells, were probably due to vaso-motor disturbance—inhibition, dilatation, and consequent medullary congestion—we decided to continue a sedative course combined with alteratives and counter-irritation. A mixture containing *na. br.*, 10 grs., and *ka. io.*, 5 grs., per dose, was prescribed to be taken after meals with an ergotine pill, 3 grs. *t. i. d.* This medication was continued until some time in December, save that after a time the dose of the mixture was doubled, and the ergot reduced to one pill on retiring. The patient could not be induced to submit to renewed vesication, and, although better or a few weeks, the improvement soon eased. He grew nervous and irritable; everything and everyone about him annoyed him; the weakness in his back increased; his appetite failed; and he became petulant, despondent and miserable. The "misty, cloudy" feeling seemed to deepen, and his falling spells—averaging about one every second day—from which at first, he could get right up and go about as usual, now left him in a depressed, hysterical state, lasting often for half a day. Marked photophobia developed, requiring the use of smoked glasses while in the sunshine, and he was unable to read or any length of time, or to distinguish an acquaintance across the street. Following the stage of total unconsciousness at his attacks, there now developed an intermediate state of horrible sensations and imaginings, as, for instance, that melted lead was being poured into his brain, or that he was to be consigned to an insane asylum. Under the influence of these ideas he would struggle and bite, tear his hair, and seek to dash his head against the ground. He was much troubled with insomnia, and would wander restlessly about with a peculiar stiff, erect bearing, supporting himself with a cane. From a very courteous and pleasant youth he became irritable, passionate, and almost unmanageable, his persistent mental unrest putting physical quietude out of the question. In the latter part of November he was taken to the home of his sister in Raton City, New Mexico, but did not improve. He grew even

more irritable than before, and a continuous dull occipital was added to the persistent lumbar pain. The severer hystero-epileptoid (?) attacks, however, would now sometimes alternate with milder ones—fits of weakness only—without loss of consciousness. In December I decided, with Dr. Grant's concurrence, to adopt a purely tonic course, feeling convinced that spinal anemia was perpetuating the trouble. The patient was placed on a combination of iron, quinia, and strychnia and soon began to improve. He now consented to a series of fly blisters in the cervical and lumbar regions at the hands of his local physician, Dr. Shuler, who kept them discharging for about a month.

Since the middle of March his condition has been markedly better, although he has never quite regained the health enjoyed preceding his injury. The falling spells since then have been wholly replaced by occasional attacks of sudden weakness without loss of consciousness, or with, at most, a simple faint. His sleep, appetite, and digestion are good; he is cheerful, ambitious, and hopeful, but he still lacks strength, and the pain in his back has not wholly disappeared. There is a tender spot over the last lumbar spine, with considerable hyperæsthesia throughout the whole dorsal region, most marked in the near vicinity of the seat of pain. There can be little question, I think, that the depressed, irritable, semi-hysterical condition of the patient has been caused by anemia of the cord, while the unconscious falling spells were due to relaxation of the habitual vaso-motor spasm, permitting sudden medullary congestion.

Concussion of the cord without gross lesion requires great care in diagnosis. The "railroad spine" and "litigation symptoms" have justly come to be viewed with distrust. And not only malingering but neuromimesis must be carefully guarded against in these cases. Sprains, bruises, or ruptures of ligament or muscle may give rise to pain in the back and other symptoms often ascribed to concussion; or some form of gross lesion such as fracture, dislocation, hemorrhage, or tearing of nerve trunk or cord may exist undetected. In each case a care-

THE SUMMER CLOTHING OF INFANTS.

BY W. D. MIDDLETON, M. D., DAVENPORT.

[Read before the Scott County Medical Society, July 3 and August 7, 1884.]

One of my earliest medical ideas, absorbed, I think, from Williams in his wonderful "Principles of Medicine," was one which reflected upon the differences between the diseases of the tropics and of the temperate zones, or the like differences between those of the temperate zones in the two opposite seasons of the year—winter and summer. In following the author, we were called upon to observe how the winter season, with its low temperature, produced acute internal congestions and inflammations like our pleuritis and our pneumonias—like bronchitis, nephritis, etc., by, probably, the simple intropulsion of blood from the surface of the body, in violent and sudden shock upon delicate and highly vascular structures like those bearing the diseases mentioned. On the other hand, the summer season was marked by the prevalence of ailments regarding which we could be induced to reason in almost *inverse* manner, viz., that high external temperature, inviting a free and sometimes furious circulation in the superficial tissues of the body, deducted from the normal amount of fluid in internal viscera and produced lack of action in them in their various functions, and so disease. Every one of you has probably admired the same reasoning in the same or some other author, and has applied the theory included in such reasoning to the relief of disease. You have all probably attempted to invite into the skin a free rush of blood for the purpose of relieving an internal congestion, and you know that one of the most common of domestic medical ideas is that one of curing a cold by a profuse sweat; or you have all probably attempted, with all kinds of modes of superficial cooling, to relieve the victim of sunstroke (this latter, however, an illustration open to several objections). You have all certainly noticed the great prevalence of disorders of the digestive tract in the summer, have reasoned about the cause of such conditions much as has been indicated, and

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by preventing its dissipation into surrounding air of lower temperature than the body, and if the body temperature be only 98° and a fraction at the normal, many of our summer days present a temperature at which no such dissipation would go on even if the body were completely unprotected by clothing of any sort. A child with absolutely no heat-producing capacity would lie in its cradle with its temperature normal on a summer day when the thermometer stood 99° in the shade, of course. And, really, it is only in weather whose temperature approaches that figure within ten or fifteen degrees, that the flannel fiend claims his victims.

Second. That many sudden changes occur in our summer, and that flannel is necessary because irremediable colds are sometimes induced suddenly in infants for want of sufficient warmth in their covering. Which is tantamount to saying and which might be so answered, that a man ought to wear his overcoat during warm weather lest he might be overtaken with a sudden depression in the thermometer in August which would make a winter coat a necessity. But it is scarcely worth while for me to advance arguments *against* this side of the question—they will perhaps be numerous.

I am asked to produce some authorities on the matter.

Parke's Hygiene, article on clothing, says: "Compared with cotton and linen, wool absorbs twice as much water by weight and four times as much by surface. After exercise, woollen material is good, for vaporization from the surface continues and in wool it is again condensed and the latent heat of vaporization returned to the surface. Texture has nothing to do with protection against heat—color only. The fibres of wool, by washing, become smaller, harder and less absorbent."

Buck's Hygiene and Public Health, article on clothing, says: "A woollen garment, as flannel, by its innumerable points or capillary projections, keeps up a continual excitement of the skin, which, in those in whom this organ is sensitive, amounts to irritation. Cotton stuff imbibes moisture much less readily than linen, and those of wool and silk are

still less *hygroscopic*. (See how wo confidence teachers are who call such a mistake as that). Linen, it to say, should never be worn on skin unless under certain circumstances where undue sensitiveness of the renders its employment necessary. underwear can be procured of such weight that there is no excuse for abandonment even in the heat of summer. It takes up the perspiration, prevents clamminess of the skin, and guards against sudden chilling of the skin after profuse perspiration. When changes in weight and thickness of underclothing may be made in accordance with the changing seasons, can be taken that they are not premature is better to suffer from an excess of clothing than to change rashly at the risk of contracting disease."

There's another sentiment that runs through this book as a teacher. How can a man suffer from an "excess of clothing" for safety who was afraid of being premature about changing in October? I know that many more colds are contracted by keeping on winter undervest in spring, and so getting unduly heated and then cooled, than are ever contracted by an opposite course.

Another authority, Foussagier, speaking of the use of flannel in winter (with a climate much like ours, in summer), says: "There has been much discussion of the utility of the flannel vest in our country. It has been reproached with keeping the skin constantly at a lukewarm temperature, maintaining upon it a constant moisture which enervates it, which destroys activity and renders it more susceptible to cold. It certainly favors the production of maladies of the skin by preventing the exhalation of these excretitious materials which pour through the pores and thus keeping it constantly in a pure atmosphere. There are certainly serious objections to this part of our clothing."

Smith, on Diseases of Children, speaking of clothing, says: "I advise leaving the belly-band on a child for the first year or eighteen months. It should be of flannel during the winter months, and of light merino in hot weather."

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hundred and forty births per year. Owing to the fact that so many infants inherit syphilis, and as many, most all, are bottle-fed, the death rate is rather high. But the weak syphilitic, etc., are clothed with flannel and usually die. The more healthy, as I said, are dressed in light merino and usually live. Sincerely yours,
L. W. LITTIG.

PHILADELPHIA HOSPITAL, July, 1884.

Dear Doctor:—This morning I called on the resident physician at the children's hospital. In reply to my question he said: "In winter all our children are dressed with flannel next the skin; about the fifteenth of June or July 1, as soon as warm weather sets in for good, the flannel is taken off and a light muslin or gauze undershirt is substituted." As the resident is an acquaintance of mine, and as I had taken a private course in the same hospital during the past winter, he kindly volunteered to show me through the wards that I could see for myself. I examined the clothing worn by the children, six or seven of them, and found no flannel but muslin on all of them. This hospital now contains over sixty little patients, and all seem far more rosy and healthy than one would expect to find in a hospital. Some day I will send you the diet list of this hospital that you may see how the best medical authority in this town feeds sick children. Respectfully yours,

L. W. LITTIG.

BLOCKLEY, July 20, 1884.

Dear Preceptor:—I send you an extract from a letter written me by Dr. Jessie F. Bell, resident physician Children's Nursery and Hospital, Staten Island, New York. She writes: "Our new born infants are dressed in a binder of light flannel, worn for three months, no shirt. A long-sleeved, high-necked garment of very light flannel over the binder, and over this a cotton garment. The night attire is the same minus the cotton garment. After the seventh month no flannel next the skin in summer." About one hundred and fifty births per year in this institution. Respectfully yours,

L. W. LITTIG.

Dr. Farquharson, secretary of our own state board of health, writes: "My opinion is that flannel, especially as commonly washed, irritates the skin, and in infants, encourages if it does not produce, diar-

rhœa, and in summer time should be replaced by cotton. Its great hygienic power (being by weight, twice as much as flannel, and its surface, four times that of cotton) is the cause of its greatest injury to the children."

"See Trousseau as to how the bed-clothes at night produce diarrhœa."

"Clipping horses cures them of diarrhœa and renders them less liable to it."

The remarks of Trousseau cited above call attention to the superiority of bed-clothing having frequent openings in his experience, the cause of a diarrhœa, which he likens to a profuse perspiration in its causation; it is produced by an effort of the body to increase elimination on account of increased waste produced by heat, and is difficult to coincide exactly with this theory of causation, but it remains that too warm covering produces this diarrhœa.

This ends my small stock of authorities which you wished me to consult. I see there is diametrically opposite opinions, and as far as rules for conduct are gleaned from what has been read, the case of "paying your money and taking your choice." But there is a question, it seems to me, to the question to whether flannel should or should not be used next the skin of infants in summer weather.

On the affirmative side in our authorities is the statement that it "absorbs perspiration" and is therefore necessary. But you never find very young children perspiring abundantly enough to require a spongy material for such a purpose. Their perspiration is almost always a very slight amount of moisture. They do no hard work like an adult and are seldom exposed to the direct rays of the sun. If you can produce free perspiration in them it is only by your absurd wrapping of them in winter clothing.

One of our authorities, Dr. Starr, commends having flannel of light, medium and heavy texture, the first to be worn in July, August and September, the second for May, June and October, and the thickest for the winter months.

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deaths, by far the greater majority die, as we know, during the months of summer, and it is fair to say the majority of these die in some such manner as the infant we have supposed above. At least let us say, a great many children die in these months from excessive heat acting upon the digestive and cranial organs. Will a coating of flannel next the skin add to the chances of destroying the infant by causing irritation of the skin, and by preventing cooling of the surface. There is no doubt of this? Then *this I know*: If you can adduce in favor of flannel only a few meager points of doubtful merit as, the avoidance of evil from sudden changes, the absorption of perspiration, which need not exist, and the necessity for preventing dissipation of heat in a body which has low heat-producing power—when the temperature is so high that heat would remain if no clothing were worn, you take an immense risk when you counsel an army of mothers untrained to observation to use so dangerous a weapon without any question. Somehow your teachings have fastened themselves upon the mothers of the land till one finds himself disobeyed constantly in injunctions about this wool, and wonders why error seems so blindly worshipped. Would it not be wiser, since this substance may be accused of keeping the skin surrounded by an impure atmosphere, of enervating it, of rendering it more susceptible to the influence of cold, of destroying its secreting power, and causing the development of many of its maladies, to say nothing of its being a great additional burden to suffering infancy in our summer heats, to counsel nurses to discard it from June to September as a material for inside garments, and to rely upon external wrappings and their changes in the sudden changes incident to our climate? Surely it would.

There is a Pagan mythological personage whose name always occurs to me, when cholera infantum is rife and the mercury stands in the nineties, as a fair name for children's flannels, and his name is Moloch.

Parke, Davis & Co.'s Urinary Test Papers excel all others.

SOCIETY REPORTS.

KEOKUK, IOWA, MEDICAL SOCIETY.

KEOKUK, June 16, 1884.

PRESENT: Drs. Payne, Scroggs, Jenkins, Tate, Davis, McDonald, North, Kinnaman, Maxwell, and Hughes.

Minutes of last meeting read and approved.

Dr. Jenkins reported case of young lady with bug in her ear, was humming and annoying her. Examined ear with speculum, had her lie on lounge and poured speculum nearly full of sweet oil to fill meatus. It proved to be an ant, which was removed alive. The young lady was picking cherries and the ant fell in her ear.

Reported also a case of child who had a bean in its nose. Removed by closing other nostril and blew strongly in child's mouth, blew it out clear across room.

If meatus completely closed it is easy to blow foreign body out, and is better than the use of emetics.

Dr. Scroggs stated that to control hemorrhage in case of epistaxis; take condom and slip over catheter and pass down through posterior nares, fill with cold water and tie. When you wish to remove it untie and let out water.

Dr. Davis mentioned case of chorea, man, nineteen, mere marked on right side and leg. Movement violent, used mild current and general galvanization, applied central galvanization next day, and gave alternative treatment, Fowler's solution five drops three times per day, and increase to ten drops three times per day. After five or six days was able to resume work. Had an attack a year ago.

Dr. Jenkins, stated the question of chorea was important, and that it was a very cureable disease between age of five and fifteen; remove cause. Use arsenic, iron, and Fowler's solution. Good diet, gentle exercise, quiet. After trying all methods I now use Fowler's solution after meals, and effervescing citrate of iron before meals. Have used electricity. Prognosis of above case, fear that he may become a confirmed choreic, as he had an attack a year ago.

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ing death from Saturday forenoon. Had seen cases that went straight along to death without yielding to anything. Usually easily relieved. Use sulphate magnesia for saline, give calomel and Dover's powders and then follow with saline. Have used all sorts of treatment.

Dr. North uses saline, sol. citrate magnesia or phosphate, and give until watery discharge showing no blood or mucus, then arrest with camphor and opium.

Dr. Maxwell said sulphate magnesia and small doses tartar emetic is a good remedy in severe cases.

Dr. Jenkins said the ipecac treatment had resulted favorably in his hands.

Dr. Scroggs does not use astringents; gives ipecac, opium, and bismuth, if early, gives few small doses of calomel and follows with soothing treatment. Believes astringents not indicated.

Dr. North has treated cases successfully with one one-hundredth grain corrosive sublimate.

Dr. Jenkins stated that no one line of treatment would answer for every epidemic.

Dr. Maxwell stated that injection of nitrate silver with counter irritation over sacrum had been used by some with success.

Dr. Jenkins thinks most epidemic types of dysentery contagious about the same as typhoid fever.

Dr. Payne stated probably endemic, thick shade about houses predisposes to it, those free from shade escaped.

Dr. Tate asked if they were treating epidemics of dysentery without quinine. All use quinine.

Subject for next meeting: Essay by Dr. Maxwell on Traumatic Hemorrhage and Hemostatics.

Moved that Dr. North present paper on so-called arterial sedatives.

Adjourned to meet at Dr. Jenkins' office July 7.

CENTRAL DISTRICT MEDICAL ASSOCIATION.

CARROLL, June 17, 1884.

At the regular annual meeting of the Central District Medical Association of Iowa, held at Carroll, June 17, 1884, the following officers were elected for the

ensuing year: **Dr. Chas. Enfield**, president; **Dr. R. R. Williams**, vice president; **Dr. A. A. Deering**, secretary and treasurer.

Drs. G. A. Stuart, of Scranton, and **L. R. Sale**, of Glidden, were elected members. **A. A. DEERING**, M. D., Sec.

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, August 7, 1884.

Stated Meeting.

Society met at the Academy of Science at eight P. M., with a goodly number in attendance.

After the transaction of some routine business, **Dr. Middleton** called the attention of the society to the circular issued by the state board of health, July 1, 1884, respecting burial permits.

After some discussion a motion of **Dr. Cantwell's** was recorded to the effect that the members of the society would comply and encourage its fulfillment, if adopted by the county authorities.

Dr. Tomson spoke of the propriety of this society appointing a committee to take action for the prevention of the spread of cholera if said disease should make its appearance in our community.

Considerable discussion ensued regarding the object and duties of such a committee. Finally it was agreed that much good could be done by prompt action in establishing hospitals, and advising and enlightening the people through the papers especially, the sanitary laws, and all in fact which would pertain to the welfare of the people.

The committee consists of **Drs. Cantwell**, **Bracelin**, and **Middleton**, who are authorized to work conjointly with the board of health and report at proper times their transactions to this society.

Dr. Middleton concluded the reading of his essay on the subject of Summer Clothing of Infants, part of which he read at the July meeting.

A vote of thanks was given the doctor for his able paper; and motions for its reception and publication in the **RE-PORTER** were made.

The sentiments manifested in the **Free**

sat down and drank some coffee and took some bread and milk; spasm entirely relieved and had no further trouble. Was not a hysterical subject. The trouble lasted several days and grew gradually worse. Did not attempt to pass tongue.

Reported case of dysentery taken violently with griping and discharge from bowels; some blood; soon changed into regular bloody stools with tenderness over bowels; gave sedatives and opiates with some calomel and bismuth, and followed with oil, followed with twenty-five grains ipecac and fifty tincture opium. Relieved tenesmus and tenderness; stools changed; gave quinine, beef tea, and milk, pulse came down to eighty, tongue cleaning, bowels soft and flat, bloody discharge ceased. Saturday morning had pain in back; pulse one hundred and twelve to one hundred and fifteen, face pinched, feeble pulse, gave brandy, milk, and beef tea, some bloody discharge but not much, some fecal matter, very little tenderness; discharge followed taking the beef tea. Suggested council which was deferred; in evening more feeble, sent for consultation, course of treatment continued with ammonia, no benefit; died Sunday night at ten P. M. No signs of perforation. Gave injection of starch and acetate lead and tincture opium. The kidneys acted promptly and satisfactory throughout, was conscious up to last hour.

Dr. Jenkins has seen a few cases of dysentery which were easily controlled.

Dr. Maxwell stated that in one of the cases the sanitary surroundings were very bad.

Dr. North had several cases resulting favorably, uses saline treatment, wash out bowels, then gave camphor and opium after each passage. If any return gave saline again.

Dr. Jenkins uses saline to start with combined with dilute sulphuric acid and deodorized tincture of opium, quinia and tonics, rest and restricted diet. In aggravated cases use larger doses of ipecac.

Dr. Maxwell did not understand why his case should die. Had ipecac, stools and but very little tenderness and tympanites, no history of perforation, no expression of pain. Does not understand the relapse. Had indication of approach-

ing death from Saturday forenoon. Had seen cases that went straight along to death without yielding to anything. Usually easily relieved. Use sulphate magnesia for saline, give calomel and Dover's powders and then follow with saline. Have used all sorts of treatment.

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EDITORIAL.

ADVERTISING.

IN the mind of one, a physican, quietly and patiently waiting for patients and who sees the contrast between his own work and that of his neighbor, is following the only method left to a charlatan—advertising—there is a feeling that the code unjustly shut the door that might be open to success. Fortunately this mind picture becomes more vivid and often, although small in dimensions, a reality. There is another element that contributes to the desire—the conceit, ambition, vanity that courts recognition, and makes the approach to acceptance of advertising very easy, if conducted in the manner of some of those shrewd advertisers, who, while they studiously violate the letter of the code yet evade its spirit. We are not prepared to condemn the spirit that leads to competition, ambition, and vanity, if its owner is a master; they are elements that are always needed to bring ability to the front. After a year's watching of the papers of Iowa, we have come to the conclusion that there is need of a great moral reform in the tendency to advertising. We do not believe that one in ten of those who are guilty of advertising are really conscious of the fact or are studious to bring it about; they have rather, from example, competition, or the reason before given, gradually, drifted into its mouth while they themselves honestly unite in condemning wholesale advertising. One who has watched this matter in Iowa

MEDICAL NOTES.

THE TREATMENT OF DIABETES MELITUS, by Austin Flint, Jr., M. D.—A reprint of a paper read before the American Medical Association, May, 1884.

Professor Flint is specially clear in his treatment of the subject. He shows that but a small proportion of comparatively healthy men have sugar in their urine; his estimate taken from applications for life insurance, shows five in eighteen hundred and eighty-four, or a proportion of one in three hundred and seventy-seven. "In females, persistent pruritus of the vulvæ is often the first circumstance pointing to the possible existence of diabetes." In males, herpes progenitalis is often a concomitant; either of these should call attention to the fact that there may be diabetic urine. He objects to the two Fehling solutions for the reason that they cannot be kept any length of time without changing, but recommends the two preparations of E. R. Squibb (the formula of which he gives with great distinctness), as being perfectly reliable and not subject to the changes of the others. He shows how the two Squibb's solutions can be used either in the quantitative or the qualitative analysis. As a quantitative analysis he gives the "differential density method" of Roberts as one of the best, being a simple and accurate test and one that a person of intelligence can use. Attention is called to the fact that the quantity and the specific gravity of the urine does not bear a constant relation to the quantity of sugar. He gives the symptoms of diabetes and states that only one, glycosuria, is invariably present. By reason of his experience he accepts Cantani's statement, "that diabetes has become, to-day, a disease easily and certainly curable, provided that the treatment (cure) be not begun too late," and cites cases in proof of this view. In treating this disease he says that the physician should rely almost solely on the diet; and the specific feature of this should be the total suppression of starch and sugar. Under general treatment he gives special importance to systematic muscular exercise, not carried to the

point of fatigue, and cessation of mental work. Under medicinal treatment he speaks lightly of reliance upon the efficacy of any drug, but among them he mentions lactic acid, under Cantani's formula. From his own experience he cites favorable results from Clemmen's solution, a preparation of arsenite of bromine. He condemns, as a rule, the diabetic or non-starch or sugar bread as frauds. His paper ends with a complete dietetic table which is quite elaborate, that closes with the articles prohibited. The whole article is as practical and concise a paper as has ever been the pleasure of the writer to read.

PREVENTION AND RESTRICTION OF CHOLERA.—This circular is issued by the Iowa State Board of Health, in view, as it states, of the approach of Asiatic cholera, and probable advent into the state in the near future. The circular deals in preventatives, of which it gives two kinds. One, the first, cleanliness; we hope the advent of the circular will arouse the local societies to this preventative, not so much that cholera is to be feared, as that the general health of the community demands it. The other class consists of special preventatives; the first of these is to leave the country. To those who cannot adopt this is given nine hints—altogether practical and useful. This little circular will be generally read and received with interest.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, IOWA, August 1, 1884.
Movement of population for July, 1884:

	Men	Women	Total
Remaining June 30, 1884...	332	265	597
Admitted, curable cases...	4	6	10
Admitted, incurable cases..	18	5	23
Whole number treated...	354	276	630
Discharged, recovered.....	5	3	8
Discharged, improved.....	4	2	6
Discharged, unimproved...	1	4	5
Discharged, died.....	5	0	5
Remaining, July 31, 1884.	339	267	606

Very Respectfully,

GERSHOM H. HILL, *Supt.*

THE
IOWA STATE MEDICAL JOURNAL
A MONTHLY JOURNAL OF

VOL. II.

DES MOINES, IOWA

ORIGINAL ARTICLES.

ASIATIC CHOLERA.

BY WM. L. ALLEN, M. D., DAVENPORT.

CHOLERA appears to have been endemic in India as early as the year 1500, but was not widely diffused in that country until 1817; it is abundantly generated in the low, wet, uncultivated lands along the Ganges and Brahmapootra rivers, where the hot weather following heavy rains, has been found most favorable to its production, while in certain dry districts of that country the disease is rarely, if ever, found.

Twenty years ago eminent writers held that its spread is often assisted by hot dry weather with favorable winds the course of which the disease always followed, but the fact that the cholera has invariably left India and spread into Egypt and Persia along the lines of travel taken by the natives and pilgrims, and more particularly by way of Mecca, which city has been so repeatedly attacked through some diseased pilgrim, favors a more rational view than the wind and dust theory.

The epidemics of 1830, 1846, and 1854 were slow in reaching westward to England, taking fifteen months, while that of 1866 was widely disseminated in four months, and the year was an exceptionally wet one, with a moist atmosphere and low barometer, and exactly opposite conditions existed in the early epidemics. In 1873, instances are related where two villages in close proximity and alike receiving cholera patients experienced

(1) Creighton, trans. "British Med. Asso.," 1882.

here with the cholera dis-
a privies, sewers, or the sick

held that the poison most
entered the system by the nose
with the air and was swal-
the saliva.

however, says that the cholera
hen found in the air is dried
noccuous, and believes that
usually the means of infection.
sent epidemic began in Egypt
883, spreading from Damietta,
an English vessel had brought it,
Alexandria and other cities of
reaching Toulon in June last
vessel "Sarthe" although the
authorities at first denied this,
that the first two cases occurred
usly on the ship "Montebello."
ent to Alexandria in July, 1883,

Calcutta in December, where
de some forty-two post mortem
ions on cholera cases, and has
the discharges from twenty-
lera patients, as well as from a
of patients, with other diseases,
his reports we gather that, one,
ists in certain water tanks in
l in all dejecta of cholera ex-
ere or in Alexandria or Toulon,
of bacterium, curved, comma-
e half so long as the microbe
d, non-sporous, which multi-
great rapidity and is easily
in gelatine, and has rapid
s, and can be colored in aniline
and destroyed by acids, or, in
s, by drying; two, that this
is found in the intestinal canal
who have died of the cholera,
discharges of all cholera pa-
t abundant at the acme of the
least abundant, at the begin-
convalescence; three, that it
n found in any other disease;
the use of water known to
has been followed, by the
ome of the persons so using;
xperiment on animals have
negative results; which, how-
istent with the fact that an-
lways been proof against this
e are not quite ready to be-
ie "German Cholera Commis-

sion," that the cholera bacterium is to be
regarded simply in the same light as
other forms of bacteria; because we be-
lieve that its generation outside of the
alimentary canal of man is dependant on
certain conditions found constant only in
India, and possibly existing for a limited
period only in other countries; for exam-
ple, Toulon is said to have been for many
years a favorite nest of cholera and this
spring a French physician reported the
sanitary condition there as most deplora-
ble; nevertheless it was necessary to
import fresh cholera bacteria by the
"Sarthe" before an out-break occurred; in
other words the cholera bacterium must
be indigenous to India, and possibly de-
pendant on some peculiar condition of
the subsoil, as held by Petten Kofer, or
of the climate, or else our present history
of the cholera must be remodeled.

Klein tell us that he had found the
"comma-shaped bacillus of Koch" in a
case of diarrhoea, and that this so-called
bacillus has never been found in the
blood of cholera patients, which is to him
a vital point, believing as he does that
the respiratory system is one of the ways
for infection; moreover, the cholera bac-
terium of Koch should be called, accord-
ing to Cohn's terminology, the *vibrio reg-
ula*, and not a bacillus.

Crudeli claims that Filippo Pacini of
Florence discovered the bacterium of
cholera in 1854.

The English authorities have been se-
verely criticised for protesting against
the quarantine along the Red Sea, for
although Indian Pilgrims have frequent-
ly carried the cholera into Mecca, it
might, according to Stikonlis, have been
kept out of Egypt and Turkey had the
English aided the "Health Commission"
in the quarantine.

The change in water supply in Calcut-
ta has lowered the rate of mortality there
from ten to three in the thousand since
1870.

As regards the tank water in India it is
stated, that "men and women habitually
wash their clothes and garments and
then bathe their bodies in the same tank
from which they take water for domestic
purposes; the approaches to some of the
tanks are filthy in the extreme, and Dr.

Furnell has seen **women** collecting water for home purposes when the contents of the tank have at the same time been in use for ablution, being foul to the senses of sight and smell."

The cholera has in many instances limited itself to certain areas supplied by these tanks, around which the most primitive kinds of out-houses are found in close proximity to the tanks, which, as a consequence contain exceedingly foul water, giving rise to what are called "tank-epidemics" an instance of which is given where seventeen deaths occurred from cholera among a few hundred persons using one such tank, while the rest of that district was at the same time free from the disease; an outbreak of cholera had occurred each year of late in that same village; even the clothes soiled with the discharges from one of the first cholera cases had been washed in this tank and it was *this* water that revealed to Koch such an abundance of cholera bacteria.

As prophylaxis, pure water supply and perfect sewerage are urged as at all times in an epidemic, keep the alimentary tract in the best possible condition, eating moderately and of well cooked and easily digested food; all fruit and vegetables should be cooked or washed in boiled water, and all water used for washing or drinking should be boiled; dejecta from cholera patients and articles soiled therewith must be handled and disposed of with the greatest possible care, and every means used to permanently disinfect them or destroy them; the bichloride of mercury, one to one thousand, or a five per cent solution of carbolic acid, is the best for clothes, but a saturated solution of the sulphate of iron may be used for the discharges.

The following directions* are issued by the "Berlin Board of Health:"

One. The discharges of cholera patients are to be received in vessels containing a five per cent solution of carbolic acid, the amount used to be in the proportion of one part to four of the evacuations.

Two. Soiled sheets and clothing are to be placed immediately in a similar solution for forty-eight hours.

(5) Berliner Klin. Wochenschrift, April 14, 1884.

ing in intensity and in amenability to treatment. Yet severity, on the one hand, does not prove the source to be from criminal exposure; nor mildness, on the other, argue in favor of one of the many innocent causes, which are constantly met with.

Most authorities are also in accord in placing the duration of gonorrhœa at from four to six weeks, with or without treatment. True, many cases of so-called gonorrhœa recover in a week or ten days, as before stated. But these cases, if properly investigated, would be found to originate from mechanical irritation, or from contact with mild vaginal discharges, or various other cases; but not from contact with pus of a sufficiently high grade of activity to produce a true gonorrhœa.

Too seldom does the physician stop to inquire into the previous history, and the development of the difficulty in a patient, who comes to him with suspected gonorrhœa. He takes it for granted, as the case is stated to him, that it is a gonorrhœa acquired from a gonorrhœa, and prescribes copaiba, an injection of more or less stringency, and lays down some good rules concerning diet. Or, what is worse (for the above treatment may do good), he assails his patient's sensitive urethra with a nitrate of silver injection, ten or fifteen grains—fzj., and tells him he will abort the attack. If the case is one of inflammation set up behind an old stricture, or from one of the benignant sources, and the patient does not (made frantic by the pain of the severe injection), slay him on the spot, he may have the pleasure of seeing a quick recovery. But if so, he may be pretty certain that the same result would have been brought about by a much less heroic course of treatment. But the chances are that a simple urethritis will be aggravated by such treatment, until it runs as protracted a course as true gonorrhœa. This constitutes the grave objection to the abortive method of treatment, an objection acknowledged by those who advocate and practice it, that if it does no good it invariably does harm. The same has been said of the use of copaiba and remedies of that class, especially in the earlier stages of the disorder.

In examining reports of such authori-

ties as Bumstead and Taylor, or Van Buren and Keyes, this conclusion is arrived at; viz., that if a strong injection be used within the first few days, while as yet the symptoms of disorder are merely a slight tickling sensation at the meatus, and a clear discharge, speedy relief is sometimes obtained, but if not the trouble is almost sure to be aggravated.

Now in the cases which are said to be aborted, what assurance have we that they would not have recovered within a few days, under the most ordinary hygienic treatment, without the use of abortive injections, or so-called specific internal remedies?

Surely, if purulent gonorrhœa treated homeopathically is brought under control and cured within the prescribed period of four to six weeks, may we not hope for equally good results under the mildest antiphlogistic measures?

In hot water we have one of the most innocent and yet one of the best antagonists to local inflammatory conditions and in these days when hot water is being employed in the treatment of almost all the local ills to which human flesh is heir and in such cases as it is adapted to accomplishing good results, may it not perform an equally good office in the treatment of urethritis?

In it we have a most potent agent for reducing the inflammatory condition of the urethra, and in so doing we most effectually avoid the risk of even the most ordinary complications of gonorrhœa.

In conversation with an old practitioner during the late session of the State Medical Society, he informed me that he had almost entirely abandoned the use of internal remedies of all kinds and injections in the treatment of gonorrhœa, relying on hot water alone, and obtaining better results than ever before under the old regime.

So eminent an authority on genito-urinary diseases as Fessenden W. Otis, of New York, is a most ardent advocate of the use of hot water in the treatment of such disorders.

His general plan is as follows:

First. To secure complete personal cleanliness; to prevent transfer of gon-

that of very hot
fading, "we seldom
see as when carried
leading to excoriation

his experience with
gonorrhoeas of recent
st gonorrhoeas, are
than by the old
no cases compli-
among them, and
errors and troubles
of injections are

is asserted by these
by such simple
a more prompt cure
usual discomfort to
epididymitis, prosta-
complications which
cases treated by the
it not be the part of
trial to so simple
sedy, relegating the
d astringent and sed-
cases of gleet where
helium needs their

paper are too narrow,
necessary to say all that
the treatment of gon-
the discussion to which
brings out the results
d practitioners in this
or evidence as to any
reatment, it will have
purpose for which it

IS, ACUTE AND CHRONIC.

F. M. D., ST. ANSGAR.

as of the digestive sys-
is acute and chronic
mation; our people of
tions are, owing to cli-
uses, peculiarly prone
les of the respiratory
as membrane of the
gly prone to become
om its exposure as an
influences, partly from
y, the nature of which
mprehend; sometimes

from the skin which is similarly con-
structed, and which perhaps has the same
ultimate nerve distribution. One of the
earliest indications of inflammation of the
mucus membrane, is the secretion or de-
velopment of mucus. The researches of
physiologists have shown that healthy
mucus membrane does not secrete mucus;
let me cite T. K. Chambers: "As to the
business of mucus membranes, look at
your catarrhal throat in a mirror, what
do you see? The surface red, puffy, and
with the component parts, such as the
uvula enlarged. There is also poured
out a quantity of slimy material which
you well know by the name of mucus.
Examine by the microscope a little of
this mucus, and you will find it made up
of minute balls, of transparent jelly with
a granular aspect, technically called exu-
dation globules, floating free without any
tendency to adhere together; they are
young cells, or, rather nuclei. They are
an infant tissue strangled in its birth.
The business of mucus membrane is to
be covered by epithelium, not to secrete
mucus. The inflamed part is red, because
its blood vessels are relaxed, and dilated
from loss of vital elasticity, the blood
sticks in them as water in a bulged pipe,
and the arteries pressed upon from behind
by the heart, throb because the obstruc-
tion impedes their action." I make this
quotation entire, for from its hints we
obtain a pretty clear idea of the pathol-
ogy of the disease. It is not necessary
for me to say anything more regarding
the cause or nature of this disease to my
audience, hints are hardly needed to un-
derstand the subject. In the acute form
constitutional treatment plays an impor-
tant part. In my hands aconite, bella-
donna and tartar emetic, in small and oft
repeated doses, either alone or combined
variously, have seemed to bring comfort
to the patient, and shorten or abort the
disease. Such other means as the good
sense of every one will tell them, may be
beneficially used—such as hot mustard foot
baths, an alterative, laxative or purge, as
may be indicated by the case in hand.
Anodynes are not often needed. Local
treatment is always needed, and properly
applied remedies are potent means for
controlling the disease. With the atomizer

ties as Bumstead and Taylor, or Van Buren and Keyes, this conclusion is arrived at; viz., that if a strong injection be used within the first few days, while as yet the symptoms of disorder are merely a slight tickling sensation at the meatus, and a clear discharge, speedy relief is sometimes obtained, but if not the trouble is almost sure to be aggravated.

Now in the cases which are said to be aborted, what assurance have we that they would not have recovered within a few days, under the most ordinary hygienic treatment, without the use of abortive injections, or so-called specific internal remedies?

Surely, if purulent gonorrhoea treated homeopathically is brought under control and cured within the prescribed period of four to six weeks, may we not hope for equally good results under the mildest antiphlogistic measures?

In hot water we have one of the most innocent and yet one of the best antagonists to local inflammatory conditions, and in these days when hot water is being employed in the treatment of almost all the local ills to which human flesh is heir, and in such cases as it is adapted to, accomplishing good results, may it not perform an equally good office in the treatment of urethritis?

In it we have a most potent agent for reducing the inflammatory condition of the urethra, and in so doing we most effectually avoid the risk of even the most ordinary complications of gonorrhoea.

In conversation with an old practitioner during the late session of the State Medical Society, he informed me that he had almost entirely abandoned the use of internal remedies of all kinds and injections in the treatment of gonorrhoea, relying on hot water alone, and obtaining better results than ever before under the old regime.

So eminent an authority on genito-urinary diseases as Fessenden W. Otis, of New York, is a most ardent advocate of the use of hot water in the treatment of such disorders.

His general plan is as follows:

First. To secure complete personal cleanliness; to prevent transfer of gon-

orrhoeal secretions to any other mucous membrane; and to insist on rest, if possible, on the back until the inflammatory stage declines.

Second. Frequent soakings of the penis in water, as hot as can be borne by the patient. Always to urinate with the penis immersed in hot water.

Third. To put the patient on milk diet, and neutralize the irritating qualities of the urine by the use of alkalies and diluents, or, if there is great pain, the bromide of potash in some demulcent.

Fourth. To secure perfect freedom from sexual contact, or any association tending to excite the sexual passions. Although all the details of this plan may not be practicable in ordinary practice, as our patient may not be willing or able to leave his employment for some days to carry out the treatment rigidly, yet, by coming as near to it as possible, we may hope for equally as good results as procured by any of the other plans in use, and at the same time without the risks arising in meddlesome treatment.

A useful modification of this plan, is the use of the hot water retro-jection. This is done by an instrument made after the pattern of the metallic bulbous bougie—hollow, and with openings at the corona of the bulb directed forward. This is inserted into the urethra just beyond the point of inflammation, and a syringe attached by which a continuous stream of water, hot as can be borne without serious discomfort to the patient, is passed in the instrument and out through the urethra for about ten minutes each day, or oftener, until the active inflammatory stage is passed, and at longer intervals until the discharge ceases and the case is cured.

This, with the other hygienic measures already indicated; viz., cleanliness, rest, alkalies and diluents, or the plan as proposed by Otis, above stated, constitute a treatment more satisfactory to patient and physician than the use of any of the so-called specifics, whether used internally or by injection.

Bumstead adds his testimony to the hot water treatment in very pronounced language. He says, "the only direct applications which I can safely say has never disappointed me, which is at once safe,

RT OF CASE.

CONJUNCTIVITIS BY ON FROM CONJUNC- EONATORUM.

3, A. M., M. D., BURLINGTON.

ng report is offered, not so
pe that it will contribute
he knowledge of handling
ease, as to emphasize that
y known, and to illustrate
n spite of any possibility
ipic treatment" may offer
olute prevention of con-
natorium, and the preva-
at all eye diseases are con-
eternal vigilance is there

hree years, otherwise in
s had sore eyes for three
which time the eyes have
been opened. An exam-
lids moderately swollen,
is escaping slowly along
hen the lids are forcibly
lls out freely. The left
but the right has an ul-
infiltration in its lower
ent has been by a home-
consisted of an instilla-
solution of copper sul-
luent cleansings (?) by
l's hair brush and warm
progress has been made
In its stead there is or-
g every half hour, by
sponge and tepid water
ine by common salt (tea-
uart), the lids to be well
is and shreds to be care-
y the sponge. Applica-
cent solution of silver
ade to the conjunctiva
pupil of the right eye
by atropia.
ix weeks, also has sore
s the usual history of
ischarge before and at
the fourth day after
inflamed and a dis-
A regular physician is
e baby's eyes (the ac-
mid-wife), an eye wa-
it the danger of conta-

gion is not particularly referred to. Later
on the baby and the older child are al-
lowed to *sleep on the same pillow*, and the
result is a communication of the eye dis-
ease, which, as usual, is most virulent on
the new ground.

The treatment of the baby's eyes is to
be similar to, but less vigorous, than that
for the older child.

At the present time, two weeks since
the above treatment was instituted, the
situation is as follows: The baby's eyes,
entirely well; the left eye of the older
child, also well; and the right free from
discharge, the cornea clearing as fast as
possible, the scar of the ulcer will be small
and the eye will have useful vision.

While there is much to be thankful for
in the rapid and good recoveries made in
these cases, it is nevertheless to be
remembered that such results cannot
always be expected, and it is to be regret-
ted even here that the services of a com-
petent obstetrician were not secured in
the first place; for thus an *a-septic* labor
might have been had and all evil chances
avoided.

Of the treatment which so speedily
gave relief I think it can safely be said,
that the frequent cleansings were the all-
important features. Here I must add my
testimony to that of Dr. Knapp, who finds
the sponge the most efficient cleanser that
can be had about the eye. If it is clean,
soft and wet it does not irritate, and noth-
ing else will pick up pus and shreds so
thoroughly and quickly. In these cases
it must certainly have the credit, for the
medication (excepting the atropia) was
slight, the silver being used so sparingly
as practically not to be used at all.

SOLDIERS' ORPHANS' HOME.

DAVENPORT, September 1, 1884.

Movement of population for August:

Present, August 1.....249

Admitted during August..... 5-254

Discharged during August..... 11- 11

Remaining, August 31..... 243

Of these 114 were girls and 129 boys.

There is no one sick and has not been
for thirteen months.

Respectfully,

S. W. PIERCE, Supt.

apply tincture aconite and opium, gtt. twenty to one ounce of water, alternate every hour with a solution. Borax or boric acid thirty grains to one ounce water, or as I sometimes use listerine which is a very cooling and pleasant application, inhalations of vapor of hot camphor water is grateful and pain relieving. Gargles I do not use as they seldom reach the part affected. If a relaxed and pendulous uvula follows the attack I do not cut it off, but apply the glycite of tannin with a soft camels hair pencil, daily until it is better. The acute form I have just been describing, we are not often called upon to treat. The attacks pass as bad colds, unless unusually severe. It is from these neglected colds and angmas, which gives us such a bountiful crop of chronic or subacute cases, which are many times very stubborn, and often resist any treatment, unless persistently followed. In these cases the patient comes complaining of constant soreness, though slight, in the throat, a roughness of the voice, with a constant tendency to clear the throat sometimes a dryness is complained of, at other times an excessive secretion of mucus, the latter symptom being the most rare. All these symptoms may be aggravated by a fresh cold, by atmospheric changes, by the inhalation of dust, by prolonged fatigue, much talking or singing. At last the system at large becomes affected; such patients are generally despondent, low spirited, their temper irascible, the appetite poor, bowels sluggish, and the entire system performs its functions sluggishly and imperfectly, the voice becomes rough and croaking, and at last sinks to near or quite a whisper. These cases are very stubborn and often physician and patient becomes discouraged. As to treatment, local measures are chief. I have nothing new to offer, but the old does well. Argent nitrate in varying degrees of strength from ten to thirty grains, to even a saturated solution applied with a camels hair brush. Where the follicles are prominent and the throat has that reticulated appearance, the stronger solutions are best; from two to three times a week, are often enough to apply them. Some constitutional treatment is generally needed, peptics and

blood making remedies are those needed. All causes which aggravate the trouble should be avoided. Sleeping in superheated rooms is injurious, cheerful surroundings, proper food and clothing are points not to be overlooked. I am not aware that I have presented anything new either in etiology, pathology or treatment; my object in presenting this subject was to call attention to a chronic trouble of the throat, which I believe is very common in this climate, and from my experience and observation, often overlooked and improperly treated.

[Authorities consulted and extracts made from: Cohen, diseases throat and nasal passages; Mackenzis, diseases of the throat; Bosworth, diseases of throat and base.]

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, September 1, 1884.
Movement of population for August:

	Men	Women	Total
Remaining July 31, 1884 . . .	339	267	606
Admitted, curable cases . . .	4	3	7
Admitted, incurable cases . .	11	7	18
Whole number treated . . .	354	277	631
Discharged, recovered	0	0	0
Discharged, improved	10	5	15
Discharged, unimproved . . .	1	4	5
Discharged, died	5	0	5
Remaining, Aug. 31, 1884.	338	268	606

Very Respectfully,
GERSHOM H. HILL, *Supt.*

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, September 1, 1884.
Movement of population for August:

Present, July 31	254
Admitted during August	5—259
Discharged during August	1
Died during August	2
Transferred to Insane Asylum . .	0— 3
Present, August 31	256

Respectfully,
F. M. POWELL, *Supt.*

knowledge seldom surpassed, only lament the shortness of the time allotted to him in the office he has filled, whose emanations, we feel we could have achieved very much in that direction in the advancement of the medical profession in Iowa;

that the years he spent as a member have imprinted on our minds the merits of our professional manliness, his honor, his unwavering regard for the habits of patient pursuit of science's sake, his almost encyclopedic erudition, and his gentleness of speech, so that now, as he leaves a memory which we shall treasure, these traits shall remain to us as a mulctation;

that we sincerely sympathize with the growing family in their irrepressible conflict;

that these resolutions be placed in the minutes of this society; be transmitted to the family of Dr. H. BAKER, and that they be published in the IOWA STATE MEDICAL REPORTER and the local papers.

D. MIDDLETON, } Committee.
H. BAKER, }
J. OMSON, }

At the next meeting the name of Dr. H. BAKER was proposed for membership and referred to the Board.

At the evening, Dr. L. J. JENKINS presented an interesting paper, entitled "Treatment of Malarial Fever."

If the society thanks were given to the doctor for his excellent paper, much thought and preparation.

An essay was received, and its publication in the Reporter.

A discussion that ensued. Dr. JENKINS did not have time to finish, but would submit the profession at large, and to hear from others, and should be taken to his

D. P. MAXWELL, Sec.

KEOKUK, IOWA, MEDICAL SOCIETY.

KEOKUK, July, 21, 1884.

SOCIETY met at Dr. JENKINS' office, Monday, July 21.

Present: Drs. Payne, Scroggs, Cleaver, North, Jenkins, McDonald and Kinnaman.

Moved that Dr. North's paper on so called Arterial Sedatives be presented at next meeting.

Dr. McDonald reported case of young lady who was injured on July fourth, by being struck by a rocket and clothing set on fire. Missile went through clothing and entered fleshy part of thigh upward and outward. Length of wound about four inches. Crowd ran over her inflicting some injuries. Hemorrhage trifling at first. Moved her to corner Twelfth and Palmer, hemorrhage kept increasing until quite decided, and for twenty-four hours had trouble in controlling it. Tamponed opening as well as I could; held it until following evening, when hemorrhage stopped. Parts extensively blackened, and a good deal of laceration under the skin from the explosion of rocket after entering tissues; profuse discharge of blackened pus and disintegrated tissue. Patient now doing well and able to sit up. Could discover no foreign body in wound. Character of discharge thin discolored but not offensive, has been very black, not approaching healthy character. Wound is in gluteal region, ranging upward and outward.

Dr. Cleaver thought the wound should heal, if no foreign body in it, in about eighteen days.

Dr. Cleaver treated several cases of dysentery by giving one ounce castor oil, one dram turpentine, followed with opium and quinine. Favorable results in all cases so far.

Dr. Jenkins found great tendency to bowel complaint this season, several cases from improper diet, taken suddenly and seriously.

Dr. Cleaver thought seeds of berries, etc., predispose to bowel trouble.

Dr. Jenkins stated ipecac in large doses produces diaphoresis and soft mushy stools without blood or mucus.

Dr. Payne reported a case of dysentery. Held post mortem, and found no perforation, but black and sloughing mucous membrane.

Dr. Payne, in dysentery, gives calomel early; follows, if necessary, with castor oil and turpentine, and then gives opiates and quinine.

Dr. McDonald, gives opium per rectum, with cold water or cold starch, in small injections, forty drops deodorized tincture of opium in two ounces of cold starch or water, using a glass syringe. It relieves tenesmus and is soothing. He gives bismuth per mouth.

Moved that, in view of present sanitary condition of the city, it is the duty of the society to take some action, and it is therefore,

Resolved, That a strict sanitary condition will contribute largely to the future welfare of our city, and that it is the duty of each and every citizen to cheerfully co-operate with the president of the board of health in his endeavor to obtain this result.

Subject for next meeting, in addition to papers due, epidemic cholera.

Adjourned to meet at Dr. North's office next regular meeting.

H. A. KINNAMAN, M. D., *Secretary*.
P. J. PAYNE, M. D., *President*.

KEOKUK, August 4, 1884.

SOCIETY met at office of Dr. North.

Present: Drs. Weismann, North, Jenkins, Maxwell, McDonald, Scroggs and Kinnaman.

The president being absent Dr. Weismann was called to the chair.

Dr. Maxwell presented a paper on surgical hemorrhage.

Moved that paper be accepted.

Moved that paper be laid over until next meeting, and be the subject of discussion for the evening.

The subject of cholera also laid over.

Adjourned to meet at Dr. Maxwell's office, August eighteenth.

H. A. KINNAMAN, M. D., *Secretary*.

KEOKUK, August 18, 1884.

SOCIETY met at the office of Dr. Maxwell, with the vice-president, Dr. Scroggs, in the chair.

Present: Drs. Donald, Jenkins, S.

Dr. McDonald reported hemorrhage from the stomach, health for several soreness of the throat, voice, called for account of the latter in swallowing just stomach. He retained time. The party in strict diet. Bismuth relieved somewhat, but vomiting continued. Was part of the time. Had an hemorrhage this evening while Hemorrhage severe and half an hour after attack vomited; think it came from cardiac orifice. When I was six weeks ago vomited prominent symptom, but vomiting daily for two swallow gave pain just stomach, after that not an hour or two, then from pain until taking nased it as a case of near cardiac orifice.

Dr. Jenkins agreed in thinking the ulcer in large vessel.

[NOTE.—The post mortem day by Drs. McDonald and Kinnaman proved it a typical case of the stomach, near cardiac opening into gastric.

Dr. Maxwell presented reported case of ruptured patient, a laborer, worked in quarry. The weather Patient became very violent blood. This continued Stomach appeared healthy of rupture. Previous poor health. The ruptured vein, near the pyloric.

Also reported case of suffered from gradual degeneration of veins of face from difficulty in swallowing extremities not swollen. Is pressing on suprasternal Found neither murmur nor dullness over sternum

THE IOWA STATE MEDICAL REPORTER.

ymptoms increased. Finally right became obstructed, and woman died starvation.

mortem developed fibrous tumor ed anteriorly to sternum and posy to body of vertebra. The tumor ended all the large blood vessels superior to the heart, producing is. Right lung almost obliterated proaching gangrene. Pleuva filled uid. Specimen presented.

Maxwell's paper on Surgical Hem- es and Hæmatemesis was discussed nerally endorsed by the members t.

acts for next meeting: Epidemic a, and Dr. North's paper on So- Arterial Sedatives.

urned to meet at the office of Dr. s, on Monday, September 1, 1884.

H. A. KINNAMAN, *Secretary*.

KEOKUK, September 1, 1884. ETY met at the office of Dr. Scroggs, he vice-president in the chair. ent: Drs. Scroggs, Jenkins, Max- kinnaman and Weismann. ites of last meeting read and ap-

Weismann reported a case. Boy, years of age, who, running bare- rnt his leg and foot; wound, size arter, waded into a pond of stag- ater. The wound soon healed. eloped high fever, pulse one hun- d thirty. Next day after had paralysis on one side. Obstinate ion for four days. At the end ays the fever abating, patient nd getting very thin. Abscess n upper part of thigh. Swell- what reduced. Feels some- er now. Paralysis improved stand on feet. Think it a case isoning and phlebitis caused of open sore and wading in ater. Appetite good, eats eatment quinine and iron in- line externally over abscess. ll reported case of fracture m kick of horse. Man was ggy; horse kicked, striking h feet; one, below knee in- l wound semilunar in shape, a with adhesive straps, ele- inclined plane.

Subject of epidemic cholera was con- tinued until next meeting.

Adjourned to meet at Dr. Jenkins' of- fice, on third Wednesday in September.

H. A. KINNAMAN, M. D., *Secretary*.
P. J. PAYNE, M. D., *President*.

WESTERN IOWA MEDICAL ASSO- CIATION.

SINCE our last issue a new society, the Western Iowa Medical association, has been organized with the following officers:

President, C. H. Drake.

Vice-President, S. A. McNerney.

Secretary, W. Davis.

The society will meet bi-monthly at various points within its district.

The next meeting will be held at Ida Grove, October 9.

Subject for discussion, Iritis.

IOWA HOSPITAL FOR THE INSANE

Mt. PLEASANT, September 1, 1884.
Report for August, 1884:

	Men	Women	Total
Remaining July 31, 1884....	252	220	472
Admitted in August.....	19	12	31
Returned from visit.....	1	2	3
Total under care in the month.....	272	234	506
Discharged during month..	17	12	29
Daily average.....	250	221	471
Discharged, recovered....	6	2	8
Discharged, improved....	5	4	9
Discharged, unimproved...	5	3	8
Discharged, died.....	1	3	4
Remaining Aug. 31, 1884.	255	222	477

H. A. GILMAN, *Supt.*

A good drug stock, with or without store room, a fine two-story eight room residence, with suitable outbuildings, and physician's paying practice, for sale at a bargain if sold soon. Address Lock Box 8, Harper, Keokuk County, Iowa.

ONE of the Cleveland Medical Colleges announces, as one of its Faculty, a Chap- lain! We know of several colleges which need praying for—and *with*—but we know of no others that own up to it.

HOSPITAL NOTES.

REPORTED BY ALLEN KELCH, M. D.

Impaired nutrition, glandular engorgement, and enlarged tonsils due to defective diet.

C. H., æt. thirteen, has enlarged tonsils, obstructed breathing through the nose, is emaciated, and has enlarged lymphatic glands in the neck; is the subject of fissures about the meatus of the nose and at the corners of the mouth; has an aversion to animal food; eats nothing her mother says, but molasses and stewed apples. She has lost flesh rapidly within the last month, and, although her mother says she is not sick, she is constantly clearing the throat and picking the nose, is restless, and does not look as though she were more than eight years of age. The mother is a pale, emaciated subject, with lymphatic engorgements likewise. None of the family are in good health, though none are positively sick. There are no evidences of syphilis in any of the family, and I know them all well, having attended them occasionally for years; in fact, I delivered this child about thirteen years ago. The family are in reduced circumstances; Mr. H., being a cooper, does not work all the year; his wages are not large, and his family expenses exhaust every cent of his income.

It is common to say that such a case as this is a typical representation of scrofulosis, whatever that may mean; and the theory is greatly strengthened by the fact that all the family suffer from glandular enlargements. They are all pale and debilitated; none of them are fond of animal food, and their diet consists chiefly of dried meats, bread, fried bacon, salt fish, eggs, potatoes, and cooked fruits, with an abundant supply of that most abominable of all substances, common molasses.

These people none of them take a sufficient amount of the force-producing agents which add real strength to the body. The only animal foods they take are a little butter, which is generally somewhat rancid, because they cannot buy the best, and the fat obtained from frying bacon or the bacon itself. When we consider, then, that the larger portion

of the diet of these worse than inert under they have constitutional debility, feeble, and waxy.

No local treatment good, except it being accumulated lymph passages. It would be better to cut these tonsils, almost in contact, so large come. The tonsils are lymphatic and depend as much for their case upon the engorgement of channels generally, as do glands which you see here maxillary region and along the sterno-cleido-mastoideus muscle out its whole length. I have curing this child, but I believe be materially benefited by treatment as will tend to increase lymph in the nares in to facilitate its expulsion. must have something cons upon the surface of the membrane has the power to dissolve properties of the lymph, not at the same time irritable. This may be had administration of a powder the following formula: boratis, one-half ounce; chloridi, one-half dram; bibulæ, five grains. Mix.

By using two ordinary specula, turning the base putting the nozzle of the over the tip of one of them be made to contain the returning them base to base tip of the distal speculum of the nose, compression forces a sufficiently powerful of the powder to drive crypts and sinuosities of ynx. This powder will until enough of the accumulations or exudations are present to act upon in the production which by nature will flow in ynx and suggest the propriety of patient's snuffing and hawking.

She may have the syrup of iron, combined with gl

yrup in equal proportions, of
 e can take a teaspoonful at a
 r each meal. She is to be encour-
 at fresh meats and common veg-
 well cooked; to eat the ripe fruits
 ons of the season; to eat no more
 fruits, no more pie, no more mo-
 re object being to avoid the intro-
 of glucose, which is an already
 form of food and which has
 e no power as a force-producing
 The act of transforming the food
 rocess of digestion gives to the
 economy its force, its power, and
 r of the protoplasmic material
 developed as the result of this
 will go to supply the wasting tis-
 thus the purposes of nutrition are
 —*Philadelphia Medical Times.*

J. FARQUHARSON, M. D.

late Dr. R. J. Farquharson was
 t Nashville, Tennessee, July 16,
 He passed his youth, until the age
 nteen, at the University of Nash-
 om there he went to the Univer-
 Pennsylvania, and graduated at
 of twenty. After receiving his
 he spent two years in hospital
 at New Orleans. In 1847 he was
 ed assistant surgeon in the United
 Vavy. He resigned his commis-
 1855, and shortly after married
 Smith, grand-daughter of the
 of Nashville. During the rebel-
 erved as surgeon in Andy John-
 nment, and during the years of
 d charge of the United States
 Railroad Hospital at Nashville.
 removed to Davenport, where
 until 1881, when he was elected
 of the State Board of Health,
 ved with his family to Des
 le was a man well versed in
 terature, and science, and was
 several languages. He was a
 the State Medical Society, the
 ublic Health Association, the
 nd English Association for
 ment of Social Science, the
 ntiquarian Society, and was
 ative for the West of the In-
 ographie.
 we publish resolutions from

the Polk County Medical Society and
 from the Scott County Medical Society
 which show the high esteem his co-labor-
 ers had for him.

He died, September sixth, at the age of
 sixty, and was buried two days later. His
 brother physicians of the Polk County
 Medical Society attended his funeral in a
 body.

CHLORATE OF POTASH A SPECIFIC IN
 TINEA TARSI AND PORRIGO FAVOSA.—
 Dr. C. C. P. Clark once had a case of tinea
 tarsi in a little girl. In spite of all the
 treatment recommended in the books,
 the morbid condition of the meibomian
 glands persisted in pouring out their
 sticky exudation. Considering its efficacy
 when internally exhibited as an altera-
 tive in certain affections of the mucous
 membranes, particularly of the mouth
 and throat, the patient was given full
 doses of this medicine—about a dram per
 diem. It worked like a charm. Repeat-
 edly the disease returned, as is its wont,
 and was as often and as readily subdued.
 He has since constantly used this medi-
 cine in that complaint, and has never
 been disappointed.

Not long after a lad was brought to the
 doctors whose scalp was thickly bossed
 with huge, stinking, porriginous scabs.
 Reasoning from what was seen in the
 last-mentioned case, the same remedy was
 used to stay the morbid secretion in this,
 and with like good effect. The crusty
 hummocks disappeared, as a syphilitic
 node sometimes will under the use of the
 iodide of potash, only far more rapidly.
 He who tries this remedy in this disease,
 in full doses, will not turn again to the
 scalp-shaving poulticing, etc., which is
 the customary practice.—*New York Med-
 ical Journal.*

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 ing one of the best locations in Iowa and
 a large practice, built up by ten years of
 active work, can have the same by pur-
 chasing my house and office. I desire to
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 town, Benton county, Iowa.

A good location for sale, rent or part-
 nership. Address, Box 119, Glidden, Ia.

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These people none of them take a sufficient amount of the force-producing agents which add real strength to the body. The only animal foods they take are a little butter, which is generally somewhat rancid, because they cannot buy the best, and the fat obtained from frying bacon or the bacon itself. When we consider, then, that the larger portion

of the diet of these people is made up of worse than inert substances, it is no wonder they have glandular enlargements, constitutional debility, that they are pale, feeble, and waxy.

No local treatment can do this girl any good, except it be in the nature of removing accumulated lymph from the nasal passages. It would be positive malpractice to cut these tonsils, although they are almost in contact, so large have they become. The tonsils are lymphatic glands, and depend as much for their size in this case upon the engorgement of the lymph-channels generally, as do those other glands which you see here in the sub-maxillary region and along the line of the sterno-cleido-mastoideus muscle throughout its whole length. I have no hope of curing this child, but I believe she may be materially benefited by such palliative treatment as will tend to keep the tenacious lymph in the nares in a liquid state to facilitate its expulsion. To do this we must have something constantly present upon the surface of the membrane which has the power to dissolve the fibrinous properties of the lymph, and which shall not at the same time irritate the membrane. This may be had in the judicious administration of a powder made after the following formula: Pulveris sodii boratis, one-half ounce; pulveris sodii chloridi, one-half dram; pulveris cubebæ, five grains. Mix. Use as a snuff.

By using two ordinary conical ear-specula, turning the bases together and putting the nozzle of the Politzer air-bag over the tip of one of them, the other may be made to contain the powder, and by returning them base to base, inserting the tip of the distal speculum into the meatus of the nose, compression of the air-bag forces a sufficiently powerful insufflation of the powder to drive it into all the crypts and sinuosities of the naso-pharynx. This powder will remain there until enough of the accumulated secretions or exudations are poured out for it to act upon in the production of a liquid which by nature will flow into the pharynx and suggest the propriety of the patient's snuffing and hawking to expel it.

She may have the syrup of the iodide of iron, combined with glycerine and

physician are such that, unless he the modern advantages, he must rily enter his professional life un- at embarrassment. This class of s should patronize our state insti-, because they will receive at home ncouragement and benefit than ircumstances would give them re. A large number of the sec- s of students acquire their edu- ut of the state. All such students e intending to return and make me in Iowa will, sooner or later, t they have a common interest in fession of the state; for this rea- s a duty, to do all in their power their state institutions that can the professional interests.

oung man who has the means and r education, should enter his pro- without devoting at least five or his preparation. Why not spend t three years in his own home, and obtain his ground work? After- he can finish at one or more of the nical centers, at less cost and reater benefit than the same in- n could be obtained as a student. pleting the early part of his work state, he will form ties and that will at once make him an ember. His experience abroad le him to bring back something his education will enable him honor to the state and to his

n of the Iowa College of Phy- Surgeons, Des Moines, begins twenty-fourth of September. f the Medical Department of niversity of Iowa, Iowa City, ollege of Physicians and Sur- uk, commence on October of the three schools have recommend the graded three , but have not discontinued

the two course system. The outline of the plan of instruction of each of the schools, as found in the arrangement of the announcement, is much the same.

MALARIA IN CHILDREN.—Dr. Holt (*Amer. Jour. Obstet., Boston Med. and Surg. Jour.*) sums up the results of investigations in one hundred and twenty-eight cases of this disease in children as follows:

One. Malaria in early life presents symptoms peculiar to that period, and differs from the same disease in adults as widely as does pneumonia.

Two. The classification of cases as remittent or intermittent, and the division into hot, cold and sweating stages as in adults, leads to misapprehensions regarding the course of the disease and confusion of diagnosis.

Three. In any acute febrile disease presenting an unusual course, the spleen should always be examined, especially in a district as malarial as New York.

Four. In obstinate cases of diarrhoea or bronchitis not affected by ordinary remedies, especially if these symptoms show a tendency to periodicity, malaria should be investigated as a possible cause.

Five. Spells of drowsiness and frequent attacks of epigastric pains should always excite suspicion.

Six. In children it is even more necessary than in adults carefully to interrogate every organ before making a diagnosis where the symptoms are at all obscure.

DURING the late epidemic of cholera at Cairo it was treated successfully by giving corrosive sublimate in doses of from one-twelfth to one eighth of a grain, frequently repeated, until the symptoms subsided, then gradually leaving off the remedy.

DR. T. GAILLARD THOMAS divides the American women into two classes; one class comprising those who desire above all things to become pregnant, and the other those who are anxious above all not to bear children.—*Louisville Med. Times.*

—THE—

IOWA STATE MEDICAL

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

VOL. II.

DES MOINES, IOWA, SEPTEMBER, 1

ORIGINAL ARTICLES.

IS THE TREATMENT OF MALARIAL FEVER ANTISEPTIC?

BY L. FRENCH, M. D., DAVENPORT.

THERE is nothing so common in our every-day work, but that new ideas and suggestions may arise to change our thought and action. Science is continually perfecting itself, and at the same time adding new material, or advancing upon new ground for study and investigation.

For some time past the use of antiseptics in surgery, or Listerism, as it is sometimes called, has suggested to me, on reflection, the fact that the treatment of malarial diseases has unconsciously become antiseptic, through experience with the use of various drugs, and not on account of the antiseptic principles therein contained, which will hereafter be shown. If Listerism destroys the putrefaction germ in divided living tissues, then there should be antiseptics or germicides capable of destroying the infecting malarial germ, or that of any zymotic disease. In order to make the treatment specific, or entirely successful, the specific germ must be isolated, and its susceptibility to different antiseptics tested. It is not probable that the same germ, floating through the air and producing putrefaction changes in living tissue lesions, is the same which produces malaria, enteric disorders, or any of the exanthemata. I believe the time is not far distant when the specific germ of certain or all infectious diseases will be known and recognized. It is already pretty well confirmed that Prof. Tom-

masi Crudeli, of Prague, have isolated and have given isolariæ. They found air, and in the districts, and described fungus consisting spores of a longish cromillimeters in diameter generated art in various kinds of water thus obtained repeatedly washed, and after filtration was injected into the skin of healthy dogs. experimented upon had cal fever—various in it

The animals affected showed precisely the same treatment of the spleen as who had caught the disease in the natural way; and in the spleen of the animals a large quantity of a typical form of fungus was present.

Others allege they have isolated the cillus malarie in human blood in a more advanced stage than that operated upon by Crudeli. Further and more recent investigations by Dr. Crudeli show the bacilli may always be isolated from the blood during the period of the fever. Allowing that the malarial germ has been isolated—we may extend indefinitely in hopes of finding specific means for destroying it in the blood and living tissues. If this is correct, antiseptic therapy may be the natural resort, with a feeling of assurance of final success. It is possible that no more potent means may be found in the future than

t use, and established by long experience, which we now pass to notice. old and approved treatment of malarial fever has drawn together and deduced a class of remedies which by experiment and experience proved serviceable in modifying or arresting the action.

grouping together of these remedies under one class was the work of modern times, and was only accomplished after long and exhaustive trials with all kinds of material from the mineral and vegetable worlds, without any knowledge of their active principles, further than their manifest curative effect. Modern science has shown that these remedies were antiseptic, and has separated the active principles or constituents of this group of what may be termed malarial remedies or medicines, and formed with other bases new compounds of entirely different character—all of which are found to possess antiseptic properties. The leading remedy of this group is the well known cinchona bark, Jesuit bark—in the natives of Peru in fevers, of an unknown period, and was introduced into the civilized world about the middle of the seventeenth century. As early as 1765, Dr. Pringle discovered that cinchona prevented putrefaction, and more recently has been experimentally proven by Bing, Hallier, Tavesi, and others, that a part of the alkaloid in three parts of milk, albuminous solution, syrup, etc., will keep in check putrefaction and other fermentations. Cinchona has now been in use for more than two hundred years, and is well adapted to grow in favor from its history to the present day. Times without number it has passed through the searching laboratories of the chemist, and years have been spent in studying its physiological effects on the human system, to learn, if possible, what element rests its remedy in malarial poisoning, and yet this is unknown, unless the antiseptic property is admitted to be that element. The poisonous influence it exerts on infusorial life. Prof. Bing has stated that the antiseptic ac-

tion of quinine is due to the poisonous influence upon the fungi, which are the immediate cause of fermentation. According to his experiments, the larger infusoria, such as paramécia and colpoda are killed by a solution of quinine of the strength of one in eight hundred, immediately; of one in one thousand, after some minutes; of one in twenty thousand, after some hours. Upon the ordinary mould penicillium, upon vibrios and bacteria, as well as upon the higher infusoria, quinine acts with a similar fatality. Quinine, the chief alkaloid of cinchona, is probably the most powerful germicide known in the vegetable kingdom. Its power for destroying micro-organisms of various genera, and its harmless toxic effect on the human system, render it peculiarly adapted to the treatment of fevers, and all zymotic diseases. It can be administered in fabulous doses without producing any unfavorable effect. Page 62, H. C. Wood's Therapeutics, Materia Medica, and Toxicology, says the *minimum fatal dose* of quinine is not known, and reports three cases in which one ounce each was taken, stirred up in a little water, without producing any more serious symptoms than a mild stupor.

The mineral arsenic, in the form of arsenious acid, was first introduced into modern Europe at the beginning of the seventeenth century for the cure of intermittent fever, and after a time came into constant requisition on account of its febrifuge qualities. Modern experiments prove that it is a powerful antiseptic, to which, no doubt, the febrifuge action is probably due. Later experience, however, shows that it is best adapted to the treatment of chronic malarial affections. Though it has passed through periods of favor and opposition, arsenic still continues to maintain its position as an antiperiodic and febrifuge, throughout the world, to this day, and holds a therapeutic position second only to cinchona and its alkaloids in the treatment of malaria. In cases and conditions where quinine is not tolerated or assimilated, arsenic can be relied upon as a valuable substitute. On account of dreaded toxic effects, arsenic has probably not been used with that freedom and boldness

—THE—

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No. 3.

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masi Crudeli, of Rome, and Klebs, of Prague, have isolated the malarial germ, and have given it the name bacillus malarie. They found it in the lower strata of air, and in the soil in known malarial districts, and describe it as a microscopic fungus consisting of numerous shining spores of a longish oval shape, nine micromillimeters in diameter. They afterward generated artificially this fungus in various kinds of soil. The fluid matter thus obtained was filtered and repeatedly washed, and the residuum left after filtration was introduced under the skin of healthy dogs. All the animals experimented upon had the regular typical fever—various in its course.

The animals affected by the fever showed precisely the same acute enlargement of the spleen as human patients who had caught the disease in the regular way; and in the spleens of the animals a large quantity of the characteristic form of fungus was present.

Others allege they have found the bacillus malarie in human patients in a more advanced stage than in the animals operated upon by Crudeli and Klebs. Further and more recent pathological investigations by Dr. Crudeli prove that the bacilli may always be found in the blood during the period of invasion of the fever. Allowing this to be true—that the malarial germ has been found and isolated—we may extend our search indefinitely in hopes of finding more specific means for destroying it while in the blood and living tissues. If this ætiology is correct, antiseptic therapeutics would be the natural resort, with a strong feeling of assurance of final success. Yet it is possible that no more potent remedies may be found in the future than those in

effect is very evanescent. Lich-
 tives one large dose of 45 grains." Salicylic acid is a prominent and de-
 antiseptic and antipyretic; it has
 been successfully as an antiperiodic,
 the poisonous effect upon the ma-
 m is not so powerful as that of
 ; but is nearly or quite equal to
 the other cinchona salts or arse-
 further experience as an antiperi-
 malarial remedy, may prove it
 much more value than is now
 for it. In the form of salicylate
 I have found it a valuable aid to
 on of quinine in obstinate mala-
 rs where quinine had seemed to
 t its specific antiseptic power.
 acid, phenylic alcohol, carbolic
 popular antiseptic and powerful
 a, but has been much overrated
 le range of application. At one
 profession were inclined to place
 ance upon it as an internal reme-
 motic diseases—but experience
 as in no way justified their ex-
 s. Its chief use now in medi-
 or its local effect, principally in
 surgery.

inum is comparatively a new
 malarial fever, and possesses
 which, no doubt, are poisonous
 organisms, particularly the ma-
 m. H. C. Wood, in his treatise
 uthetics, places it as a nerve de-
 and gives the physiological ac-
 he drug on man; presenting
 the investigations of Ringer,
 Bartholow, and others. It ap-
 some way, he says, to depress
 y temperature, but certainly
 no controlling influence over
 d system at all comparable to
 atum viride and aconite. He
 ason why it controls malarial
 e, though it would seem ra-
 ppose that it was due to anti-
 rties, as all other temperature
 so far as I know at present,
 less antiseptic. It has not
 l by any investigator, so far
 n, to possess any antiseptic
 whatever. Yet believing its
 ciples in fevers are confined
 ptic or germicidal action of
 eed me to make one simple
 prove it. I took two glasses

just alike, and put in each glass about
 four ounces of hydrant water; to one
 glass I added eighteen drops of fluid ex-
 tract of gelseminum; to each glass was
 then added about three drams of fresh
 meat. In sixteen hours the piece of meat
 immersed in the water alone was quite
 putrid, while that in the solution of gel-
 seminum was apparently unchanged.
 This experiment was made in the warm-
 est days of July last, when the temper-
 ature of the room was not below 75° F.

My object in thus bringing before you
 this subject, is to show, as plainly as I
 can, that the remedies most useful in ma-
 larial fevers are both antiseptic and an-
 tipyretic. Muriate of ammonia and mer-
 cury are not decided febrifuges, but pos-
 sess antiseptic properties which render
 them valuable in the treatment of acute
 and chronic malarial fevers. All the
 other remedies mentioned, viz., cinchona,
 and cinchona alkaloids, arsenic, resorcin,
 salicylic acid, gelseminum, and eucalyp-
 tus, possess both antiseptic and antipy-
 retic properties.

I find in looking over the materia med-
 ica all the chief remedies that are called
 temperature depressants are more or less
 antiseptic, and have no depressing action
 upon the circulation, either in force or
 volume. It is true that aconite and ver-
 atum viride sometimes lower the temper-
 ature in inflammatory fevers, but do it
 mechanically at the expense of the circula-
 tion, by depressing the force and action
 of the heart.

It is enough to lead one almost, or quite,
 to the conclusion that all fevers, except
 the purely inflammatory, are excited by a
 germ peculiar to each particular type of
 fever. The bacillus malarie would not
 be capable of exciting a typhus, a ty-
 phoid, a catarrhal, or a continued fever.
 It appears plain, on reflection, that we
 owe our success in the treatment of ma-
 larial fever to appropriate antiseptic reme-
 dies. H. C. Wood, in his Therapeutics
 and Materia Medica, has ventured to ad-
 mit the necessity of a recognized antiseptic
 therapeutics, and has already entered
 a class of remedies which he calls "anti-
 zymotic;" consequently, it is easy to in-
 fer that the drift of thought is tending
 more than ever to antiseptic and antizy-
 motic remedies.

which its value demands. In stubborn cases of intermittents, I have found arsenic a valuable aid to the action of quinine in shortening and controlling the disease.

Mercury, at one time, was considered essential in the treatment of fevers, in connection with other remedies, on account of its action as an alterative in stimulating the liver and alimentary canal, but has fallen very much into disuse. Nevertheless, it is a valuable remedy in connection with quinine, not only as an alterative, but as a stimulant to the glandular system, and as an *antiseptic* of no small value. Many times I have seen lingering fevers yield immediately after a few doses of blue mass or calomel were added to the general treatment. The unpleasant toxic effect of calomel confines the use of the remedy within certain limits, and, no doubt, is the reason why it is not used more freely than it is. The action of calomel, according to the theory of Mialhe, is through the conversion of a small portion of it into corrosive sublimate by the chlorides of the stomach.

In chronic malarial cases I have lately given a solution, thirtieth or sixtieth of a grain to a dose of mercuric bichloride, in connection with other remedies, as an *antiseptic*, thus far with satisfactory results, but have not had experience enough at present to justify an opinion, although sufficient to encourage further trial, with the expectation of affording more speedy relief to the patient.

The eucalyptus globulous is often a valuable remedy in asthenic and dyspeptic cases of malarial fever, being an *antiseptic* which arrests fermentative changes of the contents of the stomach, and thereby promotes digestion. It will sometimes cure cases of tertian-intermittent in which more reliable remedies have failed. In three cases of tertian ague, I have seen fifteen drops of the fluid extract of eucalyptus globulous, administered every fourth hour, arrest the disease before the third paroxysm, and result in a perfect cure—even after thorough treatment with quinine had proved worthless. It seems the antiseptic properties are not sufficient, or of the right character, to destroy the bacillus mala-

riae, except in cases where, from some unknown cause, quinine proves inert.

Muriate of ammonia was at one time a popular remedy in India, and other tropical malarious countries, in all types of fever, but has been superseded by other remedies. I have found it many times beneficial in diarrhoeal complications in fevers, particularly where there is a fermentative condition of the contents of the stomach and alimentary canal—instead of increasing the irritation of the mucus membrane, in these cases, it relieves it at once, and I believe the change is produced by its *destructive action on fungi and micro-organisms*, which, no doubt, are the exciting causes of such disturbances, and which other antiseptic or febrifuge remedies do not reach in the treatment of fever. Muriate of ammonia has a marked effect upon the capillary circulation and upon the liver, and I find it serviceable in cases complicated with neuralgic pains about the back and limbs, and also useful in the bronchial complications occasionally met with in malarial fever. Not being decidedly antiseptic, probably may account for its falling into disfavor, though it possesses strong germicidal power.

Resorcin is one of the many new antiseptic remedies deserving consideration on account of the favorable reports from able authority, in relation to its antiseptic and antithermic properties. I have had no experience with the drug, thus far, worthy of notice. The taste is pleasant and sweetish, resembling that of the salicylate of soda. In the *American Journal of the Medical Sciences*, July, 1884, page 270, may be found this statement, which I copy in full: "In intermittent fever, the action of resorcin seems to have fully justified the hopes of its experimenters, and Kahler regards it as quite equal to quinine. The cures of intermittent fever by resorcin may now be counted by the hundred, and the recent observations of Bassi, Rhigi, Lichtheim, Kahler, and others, leave no doubt as to its efficacy. Besides this effect on the temperature, it has the advantage that it may be administered at the beginning of the access of the fever; in fact, this is the best time for administering it,

making sections of the cerebrum and bellum the structures were found normal, but on opening the lateral ventricles, the vessels of the choroid plexus were found highly injected.

To make the investigation more complete, two horses were purchased and were the subjects of experiment at the veterinary hospital of the Agricultural College. A quantity of a suspected plant, identified by Professor Bessey as the *Crotalaria sagittalis*, which grows in great quantities in the Missouri Valley, was used. A strong infusion was made of a large quantity given to the first animal. In a few hours the horse became unsteady in its movements, great weakness was observed, especially in its quarters; appetite was lost. The day, the animal having nearly recovered from the effects of the first dose, a larger quantity was administered; the same symptoms appeared, but more rapidly and with greater intensity. The animal became stupid, manifested great weakness in its hind-quarters, and soon became paralyzed, and the next day soon died from paralysis, apparently from the spinal cord. Post mortem examination revealed great congestion of liver, spleen, and an intensely hyperemic condition of the vessels of pia mater of the base of the brain. The same hemorrhagic exudate was observed about the cerebelli and fourth ventricle, as in the foregoing cases.

The second animal was given smaller doses. On the fifth day the same symptoms were manifested as in the first case, but less intense. The paralysis was less in its manifestations, apparently limited to the peripheral nerve terminals and extending to the spinal cord. The horse died at the end of two

days post mortem: the liver, spleen and bellum were intensely hyperemic. The heart was arrested in diastole, the ventricles were full of blood. The same condition of the central nervous system was observed as in the cases described, except that a large serous effusion was observed in the arachnoid cavity.

Observed from the description of the foregoing cases, that the poison ex-

hibited itself primarily upon the nervous system. The intense hyperemia of pia mater of the base of the brain and of the choroid plexus of the lateral ventricles, with the hemorrhagic exudate about the fourth ventricle indicate the profound disturbance in the functions of this organ. Whether the primary effect of the poison was upon this part of the nervous system or upon the peripheral nerve fibres it is impossible to determine in the present state of our knowledge, but it would seem probable that the effect upon the circulation of the brain was co-incident with the changes occurring in the nerve fibres themselves, commencing in the peripheral terminations of the motor nerves, and extending into the cord. The immediate cause of death being the paralysis of the peripheral fibers of the vagus nerve, the heart stopping in diastole. The coincident paralysis of the vaso-motor nerves permitting the congestion of the internal organs, notably of the liver and spleen. In the cases where the poisoning was chronic, the paralysis of the digestive organs permitted the accumulation of large quantities of partly digested food, particularly in the stomach, with consequent emaciation. The long continued congestion of the liver and spleen lead to hyperplasia of connective tissue in these organs, and hence the induration.

It will be seen, that the symptoms presented bear a close resemblance to those produced by calabar bean.

Prof. Pope is endeavoring to isolate an active principle or alkaloid, with which further experiments will be made to determine its exact physiological effects.

Professor Bessey assures me that the plant *Crotalaria sagittalis* has never been described, and, therefore, little or nothing was previously known of it, or its action upon the animal economy. Its action appears to be somewhat like that of the "loco" plant, found in Arizona and Colorado, except in the primary symptoms. In poisoning from the latter plant, the animal manifests a species of intoxication, and becomes wild and unmanageable, stupor does not appear until near the fatal termination, while in poisoning from *Crotalaria sagittalis*, the stupor and

CROTALISM.

BY D. S. FAIRCHILD, M. D., AMES.

It may not be improper to record some investigations made upon diseases of horses in a medical journal. Trusting to the indulgence of the REPORTER, I will present some inquiries made into the nature of a disease which has prevailed among horses in the Missouri Valley for some years past, popularly known as the "bottom disease."

In response to requests made by farmers in Monona county, Professor Stalker, State Veterinarian, was dispatched to that locality to make the necessary investigations. After making some provisional inquiries, he at once determined that the disease had never been discussed in medical literature, and that the most exhaustive investigation was necessary to its full elucidation. The Professor, therefore, requested J. C. Milnes, Veterinary Surgeon, of Cedar Rapids, and myself to assist him.

We reached Sloan, Monona county, August 1, 1884, and ascertained that a considerable number of horses in that region had died of the "new disease," and that considerable anxiety was felt as to the results of our inquiry. We also ascertained that the disease had been most prevalent in a portion of the township partly inclosed by a bend in the Missouri river, but was not absolutely confined to that locality. A large number of farmers had lost from one to ten or twelve horses during the last few years, the greatest mortality occurring during the years 1882 and 1884, when vegetation was richest.

On investigating the symptoms a marked uniformity was observed. The animals were first noticed to become dull and stupid, inclined to stand with their eyes closed and their heads drooping. They soon lost their appetites, eating sparingly of grass, weeds, and grain; bowels were generally constipated, thirst considerable. In from two to three weeks after the first symptoms appeared, cerebral and spinal symptoms became marked. The animal would wander off in an aimless manner, and might be found miles from home, or would run into barbed

wire fences, and suffer serious lacerations. The power of co-ordinating the locomotive apparatus was considerably impaired. On attempting to pass through a gateway would run against the gatepost, or, on attempting to enter the doorway, would run against the side of the barn. Emaciation was progressive, and the general weakness or paralysis which was most marked in the hind extremities, increased until the animal died apparently from exhaustion, in from four to eight weeks. In some cases the animals became frenzied, and, when thus attacked, death occurred much earlier.

We commenced our investigations by killing horses sick with this disease, and making thorough and careful post mortem examinations. The temperature of the slaughtered animals varied from ninety-six and four-tenths to one hundred and six-tenths degrees; pulse, from thirty-six to forty; respirations from eighteen to thirty-six. The stomach was found anemic and greatly distended with partly digested food. The intestines contained the usual amount of material. The spleen was considerably enlarged, and indurated from the proliferation of connective tissue, to such an extent as to nearly obliterate the ascini. The liver was found to be in a similar condition, and increased to nearly twice its natural weight. A microscopical examination revealed a very marked increase of the inter-lobular connective tissue, with more or less advanced granular degeneration of the lobules, the change commencing in the periphery of the lobule, and extending towards the center. The organs of the thoracic cavity were in a normal condition, except that the lungs were somewhat hyperemic, and ventricles of the heart were full of blood, and the walls flabby. On exposing the brain, the vessels of the pia mater were highly injected, especially of the medulla oblongata, and pons varolii. The most marked change, and one which was invariably found, was a partly organized hemorrhagic exudate, extending from the middle and posterior cerebellar peduncles of one side, to the same point on the opposite side, resting on the medulla oblongata, and bridging across the fourth ventricle. This exudate occupied nearly all the space covered by the cerebellum.

cure many cases which be-
quite hopeless.

e in treatment is partly due
ion of the aspirator by Dieu-
ostly to the great attention
paid to physical diagnosis.
al signs of empyema are the
of any other form of pleur-

ion, there is restricted respira-
nent on the affected side;
e intercostal spaces, and the
seen in an abnormal posi-

ration, the affected side will
be enlarged, especially in the
rior diameter.

on, the heart-beat is felt in
position, being pushed to-
und side. The liver, if the
on the right side, may be
nward. Vocal fremitus is
entirely lost over the effus-
sified above the level of the

sion, the sound is absolutely
e effusion, while under the
percussion sound often has a
quality.

tation, there is entire absence
ry and vocal sounds except
x of the lung, where the re-
mur is of a bronchial char-

sound side the respiratory
is increased, the percussion
ra resonant, and the respira-
r exaggerated.

ptoms simply indicate the
fluid in the pleural cavity, be-
pus, sero-albuminous or puru-
when to these signs are added
oms as great emaciation and
ic fever, night sweating, diar-
he probabilities are that the
s; but this presumption can
ified by an exploratory punc-
this purpose, a large hypoder-
may be employed, but the as-
preferable, for with it some
be withdrawn at once, and it
occurs that large serous effus-
together absorbed after with-
ly a few ounces of fluid. If
be pus, the aspiration of a

part of the fluid is a necessary step to
further procedures.

In children, purulent effusions may
often be cured by repeated aspirations,
and within the last few months, I have
seen a case in a boy of eight years, who
was in a very bad condition, in whom a
large effusion was absorbed after with-
drawing only four ounces of thick pus.

Theoretically, purulent effusions are
never absorbed, but in practice they
sometimes are.

In adults repeated aspirations should
not be employed, as pus always continues
to be effused and the patient soon dies of
exhaustion.

One or two aspirations should be made
to gradually diminish the amount of
fluid. Sudden death sometimes occurs
during or after aspiration. This is usu-
ally due to heart clot, but sometimes, as
Bartels suggests, to the heart changing
its position too rapidly, thus bending the
vena cava on itself as it passes through
the foramen quadratum.

To prevent this first accident, heart
clot, it has been suggested to administer
the salts of ammonia, to diminish the
coagulating power of the blood. The ef-
fects of this treatment on the plasticity
of the blood, is to say the least, question-
able. To prevent death from the second
cause, the bending of the vena cava on
itself, too much fluid must not be with-
drawn at one time. Aspiration must be
discontinued as soon as there are signs of
constriction, and more than forty ounces
should not be withdrawn at one sitting
under any circumstances.

After the effusion has been diminished
by this means in the adult, a free open-
ing through the chest wall should be
made to allow free exit of pus. This
opening should be made as soon as possi-
ble, for by delaying, the patient's con-
dition will grow worse and the lung will
not so readily re-expand after the fluid is
withdrawn. Beside this, the pus may
find an exit through a bronchial tube,
which if it does not cause death by suffo-
cation, will often put the patient in a
condition not much better than death.
Or the pus may find an opening through
the diaphragm, causing a fatal peritoni-
tis; or by a tortuous course through the

chest wall, which will not save the patient an operation except at the expense of months of suffering.

The question now arises as to the best point for making this opening. It should not be made too low down as there might be danger of wounding the diaphragm and liver on the right side, or the diaphragm and spleen on the left. The best point for the opening and also for aspiration is in the fifth or sixth intercostal space in a line with the posterior axillary fold.

The objection may be made, that this point is too high to allow of free drainage. The whole object of the fistula is to allow the pus to escape as rapidly as it is formed, thus allowing the cavity to gradually contract. Besides, when the patient assumes the prone position, the pus will exude as readily as when the opening is farther down.

The opening may be made with a scalpel, or what is better, with a short trocar and canula, the drainage tube being inserted through the canula when the trocar is withdrawn.

The danger from septicæmia is not so great when the trocar is used as when an incision is made, as the trocar compresses the vessels of the part, thus preventing, to a great extent, the absorption of septic matter.

To avoid wounding the intercostal artery, the incision, when the scalpel is used, should be made near the upper border of the rib; with the trocar this accident is not likely to occur.

It has been recommended, and practiced too, to make two openings through the chest wall for through drainage, passing the drainage tube into one opening and out of the other.

The danger from septicæmia is just twice as great when two openings are made as when only one is made. Septic matter can enter the circulation only by means of these wounds, as the pyrogenic walls of the cavity do not absorb. For this increase of danger, nothing is gained by through drainages. The pus will escape as readily from one opening as from two. It is said the cavity can be more thoroughly washed out when two openings exist. In the first place, it is usually

altogether unnecessary to wash the cavity; and in the second place, it is necessary to wash it out to bring the fluid in contact with all parts of the wall of the cavity. If no openings exist, as the pus escapes at one opening as far as into the other.

It is unnecessary to irrigate every one or two days with carbolic acid, iodine or other antiseptics, as the cavity is very offensive and the patient demands it. A covering of the cavity is not necessary, as the membrane of the cavity is a membrane, and the washing out by absorption of septic matter is a dangerous opening, this danger being avoided by simpler measures, such as washing out the cavity. By daily washing the wound with some antiseptic, the same result is obtained without trouble and worry to the patient. Statistics show that a large portion of cases recover in a short time, when injections of carbolic acid pad of oakum should be placed over the opening to absorb the pus.

The drainage tube should be kept in the opening until no more pus is secreted in the cavity, when it should be withdrawn and the fistula allowed to heal.

The cavity is gradually filled with re-expansion of the lung, the falling in of the chest wall, the diaphragm being drawn up, fourth, by the formation of new tissue.

As for the general treatment, food, fresh air and the use of stimulants are required.

If the fever, diarrhoea, etc., is made, the usual remedies should be given. Iron in some form, such as the form of the iodide, or quinine do much to sustain the patient and make the system from this purgation.

A GOOD location for the patient's address, Box 100, Des Moines, Iowa.

RT OF CASE.

NGULAR CASE.

VAGE, M. D., SIOUX CITY.

e 23, married, came to me for
September third.
stioning her I found the prin-
ty, in her estimation, and the
which it seems she came for
treatment, was a swelling in

from her the following: "I am
these swelling either on one
other about once a month.
never opened and discharged,
n fear always that they will,
ime particularly for it seems
ative. I have called to see if
event such a termination?"

ilarity with which they ap-
ned to me singular, and caused
stion her, which I did, with
urance from her that she was
er statement.

also complaint of a "bearing
tion" which she (correctly, I
ributed to her womb, but as
nature of this bearing down
am still ignorant, as she pre-
to have an examination, be-
isband objected.

arity of the swellings and her
jecting to an examination,
igh degree of curiosity, or I
refused farther to take inter-
se, from the refusal of ex-
ut feel repaid that I con-
only subjective symptoms.

tioning revealed the follow-
enstruation is regular to the
als move regularly." Here I

al expression which I mis-
lity but found my mistake

question: "How often do
he replied, "Once a month."

question, stating that I did

r monthly sickness, but to

of the bowels, when she

nderstand you, and knew

tion my answer, and that

when you first asked me

owels moved—they move

day, once a month, and

g I am sure to have my

monthly sickness. My bowels never move
oftener, and have not since I was nine-
teen (19) years of age, at which time I had
a severe attack of scarlet fever followed
by diphtheria, which my old family phy-
sician says is the cause of the change in
the action of my bowels. My bowels
never trouble me in any way, either from
pain, or fullness or colic. My digestion
is good, have no trouble with my stomach,
I eat my meals regularly—morning, noon,
and evening. Am not what you would
call a hearty eater. My breakfast usually
consists of a glass of milk, one to two
slices of bread; my dinner consists of a
little soup or milk, very little meat or
vegetables, some bread, and when I can
get it a very little fruit. My suppers are
of milk and crackers. Never drink tea
or coffee. Only being willing for me to
prescribe for the "swelling," as the other
changes she did not consider of enough
importance to have treated, I did so, ask-
ing her to call again in a few days.

Mrs. B. has been in my office a number
of times since her first visit in September,
feeling well, looking cheerful and bright,
with an elastic step, apparently in per-
fection both physically and mentally.

A GOOD drug stock, with or without
store room, a fine two-story eight room
residence, with suitable outbuildings,
and physician's paying practice, for sale
at a bargain if sold soon. Address Lock
Box 8, Harper, Keokuk County, Iowa.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, October 7, 1884.
Movement of population for September:

	Men	Women	Total
Remaining, August 31.....	338	268	606
Admitted, curable cases...	5	3	8
Admitted, incurable cases..	9	5	14
Whole number treated...	352	276	628
Discharged, recovered.....	7	2	9
Discharged, improved.....	8	3	11
Discharged, unimproved...	3	0	3
Discharged, died.....	4	4	8
Remaining, September 30..	338	268	606

GERSHOM H. HILL, *Supl.*

SOCIETY REPORTS.

CLINTON COUNTY MEDICAL SOCIETY.

CLINTON, October 1, 1884.

ON January 16, 1857, Clinton County Medical Society was organized with a membership of ten. The first meeting was held at Camanche, and was adjourned to meet at Lyons, on March 16, where they adopted their constitution and by-laws, and admitted six new members.

The preamble to their constitution is as follows:

"To maintain and elevate the standard of the profession; to promote the harmony and usefulness of its members, as well as to secure their just rights and privileges; to extend the boundaries of medical knowledge; and to secure all means to improve the health and protect the lives of community."

Their first delegate to the Iowa State Medical Society was sent in 1859, with a request that that society admit none but delegates from counties that had societies. The reason of the request appears in their journal: A certain man had been refused election to membership on account of irregularities in his credentials. He had attended the State Society and had been admitted a member.

Meetings were held semi-annually, in various parts of the county, until 1861, when the majority of its members went into the army. The society was revived in 1866, and held semi-annual meetings until 1869, when it reorganized with a membership of fifteen, and resolved to meet quarterly. In 1873 the society passed through a crisis. The county board of supervisors offered the poor business to the lowest bidder, contract, for the year. It was decided contrary to the code of ethics to put in such bids, and was forbidden by the by-laws of the society. Several members had put in bids, and refused to withdraw them. A special meeting was called in March, 1874, and after trial, two members were expelled. An attempt was made to bring this matter before the State Society, and a protest was entered against said society for admitting members who took these contracts. The American Medical As-

sociation, decided to taking contracts and no action need ent time.

As it now stands, the state employs a regular the poor business. afford to do business the regular profession as doctors by the bids taken. A who the state are being t and the uncharitable unfortunate class t lowering of profession it a matter that ou, tion of the State

The question has that of doing business or associate institution price or salary is agreed or per patient; this entirely from taking by bids, at the lowest tions are entirely di

At the annual migration from Whites Medical Society, pre to unite with them. ing, the final arrangement. It was agreed should elect their own and hold their annual and that the quarterly be held jointly. After it was found that the ings could not be sustained the society returned

Clinton County has a membership in a flourishing condition are fairly well attended and discussions well its papers have been current journals. In ing and harmony it and keeps them up the profession. The society has never been the contract question worthy and ignorant in on various credentials inated them, and is maintain the high profession.

PHYSICIANS AND
S OF MUSCATINE
COUNTY.

ERTY, October 9, 1884.
at Dr. E. H. King's office.
l to order with President
ir.

sent: Drs. King, Cobb,
, E. Ady, Merrill, C. W.
th, Avery, and Leith.
st meeting read and ap-

Dr. C. E. Ruth was pro-
wership and referred to
who reported favorably,
ed a member.

A. Ady, on "Location of
d; and, on motion of S.
received and discussed

urned to 1:45.
o order by President.
Dr. Merrill on "Delivery
Premature Labor."
and discussed by mem-

reported a case of pla-
ld of 13 was taken with
about two hours pla-
and flooding ceased.
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d versio bifolar method
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he removal of testicle
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ancer.

ety proceeded to the
for ensuing year with
it:

King.

S. M. Cobb.

Leith.

Ruth.

s—G. O. Morgridge,
ing.

to meet in Muscatine
ecember.

L. LEITH, Secretary.

SCOTT COUNTY MEDICAL SO-
CIETY.

DAVENPORT, October 2, 1884.

At the Academy of Science on the eve-
ning of the above date, the Scott County
Medical Society held its stated meeting
with President McCowen in the chair.

The following members in attendance:
Drs. McCowen, Baker, Tomson, Grant
Braunlich, Byrne, and Maxwell.

The usual transactions of the Society
were disposed of, including a favorable
report of the censors in the reception of
Dr. J. P. Crawford to membership.

The reading of the essay for the occa-
sion, entitled, "The Treatment of Empy-
ema," by Dr. Braunlich, was listened to
with interest.

The paper was received with the thanks
of the society.

The following is a synopsis of the dis-
cussion, which was opened by Dr. Grant,
who did not share in the fear of blood-
poisoning from the second opening; he
thought there was no danger from so
small an opening, that there was far more
danger from allowing the pus to remain
in the cavity; better drainage could be
secured by pressure above if two open-
ings were made than is possible from one
only. He thought antiseptic injections
hastened the cure—always used them in
his own practice; thought it justifiable to
cut away a piece of rib, if necessary to
get a good opening, thought the chief in-
dications were: supporting treatment,
fresh air, exercise, antiseptic injections,
and a dressing of oakum to prevent ac-
cess of air to the cavity.

Dr. Tomson queried if the air could be
excluded, and whether its admission
would do any harm.

Dr. Grant thought it could be excluded,
and while not so important in private as
in hospital practice, it was just as neces-
sary to protect such a case from the ad-
mission of germs as any other wound.

Dr. Baker had learned from experience
that air was not always detrimental; that
in one case of his when air was entirely
excluded, the patient suffered greatly
from dyspnoea, but immediately on in-
jecting air into the cavity the distressing
symptoms disappeared.

Dr. Braunlich, in closing the discussion, said his main reason for omitting injections, was the adherence to the published statistics of Prof. Loomis, of New York, who had, in a large number of cases, a higher percentage of recoveries, and in shorter time, by treatment without injections in empyema.

D. P. MAXWELL, Sec'y.

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, October 1, 1884.
Report for September:

	Men	Women	Total
Remaining August 31.....	255	222	477
Admitted in September.....	18	12	30
Returned from visit.....	6	1	7
Total under care in the month.....	279	235	514
Discharged during month..	10	13	23
Daily average.....	262	223	486
Discharged, recovered.....	5	5	10
Discharged, improved.....	1	5	6
Discharged, unimproved....	3	2	5
Discharged, died.....	1	1	2
Remaining September 31..	269	222	491

H. A. GILMAN, Supt.

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, October 1, 1884.
Movement of population for September:
Present, August 31.....256
Admitted during September.... 4—260
Discharged during September... 10
Died during September..... 1
Transferred to Insane Asylum.. 0— 11

Present, September 30..... 249
F. M. POWELL, Supt.

SOLDIERS' ORPHANS' HOME.

DAVENPORT, October 1, 1884.
Movement of population for September:
Present, September 1.....243
Admitted during September.... 6—249
Discharged during September... 11
Remaining, September 30..... 238

Of these 109 were girls and 129 boys.
All are well. There has been no sickness since August, 1883.

S. W. PIERCE, Supt.

PRACTICE O

ON THE ETIOLOG
J. Andrew, in his 1
Lumelian course (Br
19, 1884), gives his co
to the contagiousnes
lows:

First. The histor
gument is insufficien
present distributio
brought about by
lines of human inter
morbific germ. Ind
facts under this hea
tagonistic to any such

Second. Before th
bacillus, one and al
causes of phthisis w
account for its distri
anatomical and clini
the disease.

Third. These cause
appeared to act as exc
all predisposing cause

Fourth. From the
predisposing causes,
each other, and the
which their influence
itself felt, it was a p
that phthisis belonged
specific febrile disease
was held by some writ
many difficulties and pe

Fifth. The facts on
ence was based were ins
that phthisis was perso
and were, indeed, rathe
such notion.

Sixth. The discovery
proved that phthisis was
disease; and thus the q
gion cannot now be us
without acknowledging

Seventh. As some sp
eases are contagious, and
this property existing in
degrees and modes in dif
of the group, the questio
tagiousness or phthisis c
factorily answered by c
affinities with other m
group, and by distinct
contagiousness.

though phthisis may be reduced in many ways, even in animals and also in man, sufficient evidence to prove its existence is materially affected.

Many most important results closely resembles ague.

at least highly probable cause of phthisis, like the bacillus, or some other, is in no way dependent on its existence, and is widely effective of human agency.

may be allowed to make a practical deduction, viz., that phthisis, like that which may be attained by sanitary measures by improved ventilation and not by isolation; and, as we should not send patients to the Pontain marshes, it will be wise not to send a large disease to any place where the rate from phthisis is high in a dense population.—*Detroit*

PHYSIOLOGY IN SCHOOL-TEACHING physiology, would teach much more to know about dress, diet, exercise, and bad air, than to name all the bones, or name the muscles? The bones are in places, and grow just as firmly whether numbered or not, but both mind and body if the lungs are not fed the muscles will expand and develop and strengthen, and classified or not; the whole system may stop their action if the system is directed to let the study be directed of the system under control, if there be time, to let the study be directed for general information about eclipses.—*Edu-*

ELY, of Cincinnati, has for jequirity, the remedy being so popular in the

treatment of trachoma of the conjunctiva. In a paper read before the American Otological Society, at its recent meeting, he states that he has, for the past year or two, treated certain long standing cases of purulent inflammation of the middle ear by exciting an additional substantiative inflammation with jequirity, using a small quantity of the preparation made for the eye. He thought such inoculation capable of good results under certain conditions, viz., when there was extensive destruction of the membrana tympani with a great amount of thickening of the mucous membrane of the tympanic cavity, rendering other plans futile, and where the Eustachian tube was patulous, so as to regulate the inflammation.

—*Buffalo Med. and Surg. Jour.*

THE following is the formula suggested by Prof. Leeds, of Stevens' Institute, as the best substitute for woman's milk.

One gill of cow's milk, fresh and unskimmed; one gill of water; two table-spoonsfull of rich cream; two hundred grains of milk sugar; one and one-quarter grains of extractum pancreatis; and four grains of sodium bicarbonate.

"Put this in a nursing bottle, place the bottle in water made so warm that the whole hand cannot be held in it without pain longer than one minute. Keep the milk in this temperature for twenty minutes. The milk should be prepared just before using."—*Archives of Ped.*

DRS. A. JACOBI and N. S. Davis were appointed at Copenhagen as the American representatives on the International Collective Investigation of Disease Committee. *Louisville Medical News.*

EXPLANATION OF THE PATHOLOGY AND THERAPEUTICS OF THE DISEASES OF THE NERVE CENTERS: ESPECIALLY EPILEPSY.—We have received an interesting paper on this subject from J. McF. Gaston, M. D., of Atlanta, Georgia. We regret that we are not able to give, at this time, the notice it deserves. The paper is well written and shows thought and research. We warmly commend its pages to all who are interested in the diseases of the nerve centers.

THE
Iowa State Medical Reporter.

DES MOINES, SEPTEMBER, 1884.

EDITORIAL.

PATENT MEDICINE.

At the recent meeting of the Shelby County (Mississippi) Medical Society, the applications for membership of two physicians engaged in the drug business were rejected; the president ruling that they were not eligible. An appeal was taken which was defeated in the proportion of five to one.

The following, article VII, taken from their constitution, is the authority by which the applications were rejected:

"Any physician who shall procure a patent for a remedy or instrument of surgery, or who sells or who deals in or uses or prescribes patent remedies, or who shall enter into a collusive agreement with an apothecary for compensation for his patronage, or who shall give a certificate in favor of any patent remedy, shall be disqualified for becoming or remaining a member of this society."

The code says upon this subject, (article I, section 5):

"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a *secret nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

Patent medicine is a general term that

to be governed by the st
the code requires some q
example, it would hardly
clude under this term
medicines prepared by
chemists when the formu
lic or printed on the la
not the "secret nostrums"

A number of our pract
at small places, carry a s
keep a small drug store in
their general practice.
often a necessity. All w
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article, are openly violat

Such practices are to
condemned by all who I
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knowing him to be a ph
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rather than as a mercha
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brother practitioner ow
example: A and B are
cine in the same village
store and sells to C, a
patent secret medicine
B for professional ser
stances are such that
C's treatment, and can
than condemn the medi
C tells his neighbors t
the medicine he receiv
ting to state how he
back to A and the rest
of any increased good.

ning A had refused
licine to C, he might
vice; if not, and he
he good-will of his
and has lost nothing
from C's gossip.
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RACTICE.

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officer or phy-
re clerical and
direct attend-

ance upon the poor, do not come under
the bane of our criticism. When reg-
ular fees are ignored, and people re-
ceive wholesale treatment at a price fixed
by competition, it is degradation to the
profession; and it places the dependants
in charge on the same basis as the fatten-
ing of cattle, and makes their physician
their keeper. Here, as with the cattle,
the problem is to get the most at the least
expense. Such patients are always
more or less neglected. The other ex-
treme, for regulars to refuse to do any
work for such people unless they get their
regular fees, is also wrong. Would it not
be better for medical societies to establish
a pro rata rate of discount upon the reg-
ular fee bill for such services, and then
arrange, as a society or as individuals, to
care for the poor at this pro rata rate.
This would avoid the contract plan;
would give better attendance to the pa-
tients; would give the physician some re-
muneration for his services, and would
shut out this mean small class of irregu-
lars who cast so much discredit upon the
profession. It is a matter that should,
as our correspondent says, "occupy the
attention of the State Society." We would
add that it should also receive the atten-
tion of each society in the State.

RESTORATION OF PENSION—We have
received a circular from Charles H.
Lathrop, M. D., of Lyons, setting forth
the facts that his pension] has been re-
stored and that the charges upon which
it was withdrawn have also been set aside.
There being a good deal of publicity
given to the matter at the time, the
Doctor has taken this means of notifying
his old friends of the success, and that
he has upon a fair trial proved himself
to be above suspicion. We congratulate
the Doctor on his success.

CHICAGO is to have a new hospital for
women and children.

—THE—

IOWA STATE MEDICAL REVIEW

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

VOL. II.

DES MOINES, IOWA, OCTOBER, 1884.

ORIGINAL ARTICLES.

ERYSIPELAS.

BY W. L. ALLEN, M. D., DAVENPORT.

CASE—March 22, 1884; Miss L., aged 40, unmarried, had been very much of an invalid for the past two or three years, at times confined to her bed complaining of very weak lower extremities and back, poor appetite, and bad digestion. Had an attack of facial erysipelas several years ago, caused as she supposed by an ulcerated tooth, was subject to nasal catarrh (?) which at times would become so bad as to obstruct nostrils entirely with crusts. Her last menstrual period had been delayed and scanty, and two days ago she was out in a rain storm and had aggravated her nasal trouble and had had more or less fever ever since and possibly a chill.

Found right side of face and nose red and swollen, redness extending from the right nostril across the face; sub-maxillary glands swollen and tender; temperature one hundred and three and one-fifth; pulse one hundred and twenty; right nasal cavity filled with dried mucus, blood, and crusts. Ordered two ten-grain doses of quinine to be taken four hours apart, and fifteen minims tincture chloride of iron every three hours, and that the nasal cavity be washed out with warm water and carbolic acid.

MARCH 23, 9:00 A. M. Right eye closed and redness and swelling extended across nose to inner canthus of left eye; temperature one hundred and one and one-half; pulse one hundred. Painted face with collodion, which reduced the swelling in eyelids immediately, and ordered

cold compresses and ice to face, and five grains of quinine every fifteen minims of iron ferri. 7:00 P. M. Temperature one hundred and four and two-fifths; pulse one hundred and thirty.

MARCH 24, 9:00 A. M. Temperature one hundred and three and one-fifth; pulse one hundred and ten, ir-

8:00 P. M. Temperature one hundred and four and one-fifth; pulse one hundred and twenty; eyes red and looks dark; patient very restless. Abandoned the cold compresses and used warm ones.

MARCH 25, 8:00 A. M. Temperature one hundred and three and one-fifth; pulse one hundred and twenty; eyes red and looks dark. port wine and milk every four hours.

8:00 P. M. Temperature one hundred and four and one-fifth; pulse one hundred and twenty, and very

MARCH 26, 9:00 A. M. Temperature one hundred and three and one-fifth; pulse one hundred and twenty; eyes red and looks dark. advanced to right ear; bowels continued quinine and tincture of iron every twenty minims every two

7:00 P. M. Temperature one hundred and four; pulse one hundred and twenty; eyes red and looks dark. delirious at times and cough, which was greatly relieved by expectorant.

MARCH 27, 9:00 A. M. Temperature one hundred and three and one-fifth; pulse one hundred and twenty; eyes red and looks dark. left ear invaded.

7:00 P. M. Temperature one hundred and four and one-fifth; pulse one hundred and twenty; eyes red and looks dark. delirious; picks at the bedclothes; tongue dark and dry.

days; discontinued
ed the port wine to
enty-four hours, and

A. M. Temperature
one and four-fifths;
l and twelve, and
r; tongue moist; eyes

rature one hundred
ths; pulse one hun-

M. Temperature one
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ht.

ature one hundred
ths; pulse one hun-
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A. M. Temperature
; pulse one hundred.
ature one hundred
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king port wine, egg
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oulders.

ature one hundred
hs; pulse one hun-
ruption advancing;
to twenty minims

ature one hundred
hs; pulse one hun-
nd weak; eruption
ack to seventh ribs,
serrated; axillary

Temperature one
d two-fifths; pulse
unguent hydrarg
ion.

ature one hundred
ths; pulse ninety.

M. Temperature
fifth; pulse ninety,
ion pale; from this
d with sub-normal
al days.

ries of the etiology
sipelas. The first,
ebra, Billroth and
rman pathologists,
ation of the capil-
e skin, always of
d, upheld by many

English authorities, places the disease
among the acute exanthemata, with some
reservation as regards the traumatic
form. There are others who believe
it may be either of local or idiopathic
origin.

Billroth' says: "I consider the local
affection as an inflammation of the cu-
tis in which the inflammatory irritation
gradually spreads through the lymphatic
net works; the way in which the inflam-
matory redness spreads and is sharply
bounded, shows positively that the pro-
cess is limited to the vascular districts;
by close observation we may see that
very often, close to the border of the red-
ness, there forms a red, round spot, at
first circumscribed, which soon unites
with the previously reddened portions of
skin; these newly forming red spots evi-
dently represent vascular districts; we
see something similar when we inject
the skin through an artery; then, too,
the color from the injection first appears
in spots, and only unites when heavy
pressure is made on the syringe; now as
the venous and lymphatic districts in the
skin are to some extent analogous to the
arterial, the irritating poison causing the
dilatation of the blood vessels, might cir-
culate in one of these tracts.

"The arterial and venous tracts in the
cutis have few connecting branches par-
allel to the surface, while the lymphatic
vessels have very many, and but few
branches going down into the subcutane-
ous tissue; thus the exciting poison may
readily spread superficially in the cutis,
like liquid in bibulous paper, but it also
enters the subcutaneous lymphatic, and
often causes inflammation there, as well
as in the neighboring lymphatic glands,
striated redness of the skin, and swelling
of the adjacent lymphatic glands.

"When I here speak of a septic or other
similar poison as a cause of erysipelas, I
refer only to traumatic erysipelas, for I
think I have satisfied myself by observa-
tion that this is always of toxic origin.
Concerning the nature of the poison, I
may say: First, it is chiefly blood mixed
with decomposing secretion from the
wound that induces erysipelas, which
then appears on the second or third day

after the injury or operation. Second, there is probably a dry, dust-like substance, which, coming on the wounds, whether fresh or granulating, causes erysipelas."

Further on he says: "I have no extensive experience of the so-called idiopathic erysipelas *capitis et faciei*; from what I have seen, it seems to me very probable that this also starts from slight wounds (excoriations on the head or face) or inflammation (nasal catarrh, angina), and is chiefly of toxic origin."

Kaposi² in his excellent work on skin diseases, accepts the pathology of Billroth, but, having had experience principally with the facial variety, he is more positive as to the causes in these cases, believing that the cause can almost always be found in a carious tooth, or eczema, lupus, syphilis of the nasal mucous membrane, retro-pharyngeal abscess, etc., and that an attack of erysipelas does not predispose to a second attack, but that this liability to a recurrence is explained by the fact that such diseases as eczema, scrophulous rhinitis, and lupus of the nose, being chronic in their nature, engender their victim to repeated attacks of erysipelas.

Hebra held that about ninety-five per cent of all cases of erysipelas were located on the face, and were generally due to eczema of the nasal mucous membrane, in which the hard scabs caused retention and consequent decomposition of the secretions and absorption of this morbid material by the cutaneous lymphatics followed.

In the recent edition of Ziegler's³ Pathological Anatomy we read that "the originating cause of erysipelas is to be sought in an invasion of micrococci which gain entrance at some wounded part of the skin. They proceed to multiply within the lymphatics and at length completely fill them; from the lymphatics they pass into the connective tissue where they form coherent masses or chaplets; the tissue around these colonies becomes necrotic, and presently inflammatory reaction is set up."

The views adopted by Aitken, Erich-

sen, and other English writers, are in strong accord above, the causes being a deranged condition of the might be expected in ch gout, etc., and second, in t ditions of the atmosphere to bad ventilation, sudden perature, or some unexpl influence; with these cond it is granted that a wo slight, may act as the excit

There exists a far greater opinion concerning the etiology of erysipelas than is found in traumatic form; these might be wholly removed by amputation into the history and the above detailed cause given not as a peculiar one, but as a fair example of simple erysipelas, in which might be given as disturbed condition, catching cold, predisposing to former attack, and present manifestations in this case, in which information was distinctly traced to nostril where the mucous membrane ulcerated and an offensive discharge; the previous attack in the had been ascribed to an ulcer and probably this view was correct.

A toxic origin once established these so-called idiopathic cases of Billroth clearly demonstrates for traumatic cases, then a rational line of treatment could be adopted.

Whether the necessary toxin has a peculiar chemical composition is necessary to the production of erysipelas; the micrococcus contains the micrococcus, the presence of which causes the question that would soon the deep waters of bacteriology, however we must not overlook that such eminent pathologists as Koch, and Fehleisen consider beyond question that at least anthrax, and septicemia are certain forms of the bacteria; we fail to admit that these accepted, would supply most a missing link in etiology.

(2) Kaposi Haut Krankheiten, page 374.

(3) Ziegler's Pathological Anatomy.

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umatic is misleading.
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it be said to be a dif-
flammation of the skin
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ment, most German
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h a strong prejudice
nts, and only such
as are soothing and
e skin, as collodion,
e applications.
r specific treatment
on for their sheet
rge doses, repeated
d long; thirty drops
m chloride are given
hours, and a solution

of the sulphate applied locally and ac-
cording to our latest therapeutists, all in
vain.

Todd claims that in no other disease
is alcohol so beneficial as in erysipelas.
Willan and Williams are still stronger
advocates, claiming a *curative* power for
port wine and ale.

Nearly all dermatologist favor the
most active *local* treatment as well as
symptomatic and supportive measures;
the most careful and thorough attention
is directed to the seat of origin, and
whether it be a wound, an ulcerated
tooth, or diseased nasal cavity, thorough
cleanliness and drainage must be estab-
lished, and various ointments recom-
mended for application along the advan-
cing border of the eruption, more espe-
cially unguent hydrarg Skoda and Hebra
used continuous cold applications by
means of ice bags, while Erichsen says
"cold lotions should never, under any
circumstances, be employed."

Hueter injects a three per cent solu-
tion of carbolic acid at as many as
twenty different points along the advan-
cing border of the eruption, and claims
great success by this treatment.

Girolamo Leopardi recommended tur-
pentine applications and claimed great
success.

In the case above detailed the greatest
benefit followed the liberal administra-
tion of stimulants. During the fourth,
fifth and sixth days, the patient had one
ounce of the tincture of the chloride of
iron, given in glycerine and milk and
without apparent benefit; where mercur-
ial ointment or collodion was applied
the skin was left soft and pale and with-
out any infiltration.

THE MANAGEMENT OF THE PLA- CENTA IN PREMATURE LABOR.

BY S. MERRILL, M. D., WEST LIBERTY.

THIS is a subject upon which there has
been a great deal of discussion and a fear-
ful diversity of opinion.

The placenta; what to do with it? or,
whether or not to do anything at all, are
serious questions. I feel deeply and pro-

foundly interested in fortifying my mind with the most potent measures that one can possibly pursue in these vexatious cases. There are many advocates of the expectant, let alone, do nothing plan. What real efficacy can there be in such management? The placenta may, perhaps, if you wait long enough, come away, but the chances are, that you will get hemorrhage, that will carry your patient to the very verge of dissolution; and, if you still persist in doing nothing, will prove fatal. This will happen in a large majority of cases, then added to this comes the more dreaded monster known as septicæmia. Every moment you leave the placenta within the cavity of the uterus, you expose the life of your patient to the insidious approaches of this subtle destroyer. They tell us to watch the case and the moment you discover any evidence of septic poisoning, then go to work, disinfect, dislodge, remove, etc.

If a human being stood upon the brink of an awful gulf and the roaring, seething waters below heralded the overwhelming conviction to our ears, that inevitable destruction would be the doom of the unconscious victim, would we sit down in some shady nook, all variegated with nature's beauties; where the soft breezes, all laden with fragrance and delightful perfume, fanned our worthy brow, and gaze calmly and satisfactorily on, while the unsuspecting one topples over into the awful abyss? I answer no; in the dread moment we would rush fearlessly, seize and rescue the unsuspecting one. So, likewise, would I do in these dangerous cases, without ceremony and without procrastination. We *must* take time by the forelock and dislodge the thing of danger.

Many are the methods which are at the present day adopted to accomplish this end. There is Creed's method, which is something like taking hold of a cat just above the pelvis and trying to squeeze her out of her skin. Doubtless it might be accomplished, if one would squeeze long enough and hard enough.

They tell us to pass your finger into the uterus and sweep it around, as it were, over the fundus and extirpate the placenta. I have tried that faithfully, but it

pon the first gene-
sirable a drug.

far but few in
th the cocaine and
only a small quan-
red, I can only es-
he solutions used;
he solution of the
hundredth; and in
e two-hundredth.
drop each time, of
the operation of
tions of the above
cocaine, failed to
thetia in another
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free movement of
was produced by
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on was observed
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to twenty-four
fect upon accom-
about fifteen
owed in half an
the accommoda-
tested, to 1-50

be congratulated
drug of so much
value to the sur-
fill an important

GS—CERATED

ARSHALLTOWN.

urgical dressings
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granulating sur-
of merit are its
id disinfecting
ence of applica-

prepared by tak-
(which can be
ry goods store)

and cutting in pieces—say six inches wide
and ten inches long—then dip the pieces
into melted cerate; being careful to re-
move any superfluous matter. After pre-
paring a piece of cloth lay it on a piece of
paper and smooth it out with the hand;
in this manner you may continue prepar-
ing what quantity you desire laying one
piece of cerated cloth upon the other and
allowing it to remain until you require it
for use, when you can remove as many
sheets from the block as you desire. A
large quantity can be prepared in this
way in a very short time and will be
found very convenient.

The following is the formula for the
cerate: Cerate simple, fourteen ounces;
ung. petroli, six ounces; acid carbol.,
one ounce. Mix. The cerate should be
melted in a tin pan; it is then ready for
the cheese cloth to be dipped in it.

IOWA HOSPITAL FOR THE INSANE

Mt. PLEASANT, November 1, 1884.
Report for October:

	Men	Women	Total
Remaining September 30 ..	269	222	491
Admitted in October.....	10	9	19
Returned from visit.....	4	3	7
Total under care in the month.....	283	234	517
Discharged during month..	25	14	39
Daily average.....	262	222	485
Discharged, recovered.....	5	2	7
Discharged, improved.....	2	4	6
Discharged, unimproved...	17	4	21
Discharged, died.....	1	4	5
Remaining October 31	259	220	478

H. A. GILMAN, *Supt.*

SOLDIERS' ORPHANS' HOME.

DAVENPORT, November 1, 1884.
Movement of population for October:

Present, October 1	238
Admitted during October	15-251
Discharged during October.....	00

Remaining, October 31..... 251
Of these 117 were girls and 134 boys.

S. W. PIERCE, *Supt.*

SOCIETY REPORT.

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, November 6, 1884.

Regular Meeting.

The president being absent, Dr. Baker was elected president *pro tem*.

The secretary having been summoned by a patient just before convening of the society, Dr. Braunlich was appointed *pro tem*.

Members present: Drs. Baker, Tomson, Cantwell, Preston, Allen, Byrne, Crawford and Braunlich.

Reading of previous minutes omitted.

Dr. Preston submitted a request of Mrs. Putnam, for contribution by the society towards expense of a portrait engraving of the late Dr. Farquharson, for the frontispiece of the annual report of the Academy of Science.

On motion of Dr. Cantwell, the appointment of Dr. Preston was secured, as a committee of one, to solicit contributions from members of this society.

Dr. Allen read an interesting essay on Erysipelas, which was received and referred for publication.

Dr. Baker said that he had employed many different modes of treating this disease. Had formerly used a strong solution of sulphate of iron externally and tincture ferri internally. The application being employed continuously and often renewed. Of late he has used mostly sulphite of soda internally and externally; often used cranberry poultice covered with oiled silk with good effect.

Dr. Preston used tincture ferri internally and applied cotton covered with oiled silk. Also used cranberry poultice successfully.

Dr. Cantwell used iron and quinine internally—usually administers separately as stomach bears better; also used sulphate of iron and cranberry poultice externally. Thinks stimulation very important.

Dr. Baker does not believe that there is always a lesion—thinks there are some cases caused by cold, without a true lesion of the skin. In these cases it is probably caused by embolism in vessels.

After a general discussion of fever and diphtheria the meeting adjourned.

H. U. BRAUNLICH.

IOWA HOSPITAL FOR THE INSANE, INDEPENDENCE, NOVEMBER 1884.

Remaining, September 30.....
Admitted, curable cases.....
Admitted, incurable cases.....

Whole number treated.....

Discharged, recovered.....
Discharged, improved.....
Discharged, unimproved.....
Discharged, died.....

Remaining, October 31.....

GERSHOM H.

IOWA INSTITUTION FOR THE MINDED CHILD.

GLENWOOD, NOVEMBER 1884.

Movement of population for Present, September 30.....

Admitted during October.....

Discharged during October.....

Died during October.....

Transferred to Insane Asylum.....

Present, October 31.....

F. M. P.

THE MEDICAL JOURNAL has been denied that the function of journals could be extended to the independent, aggressive characterizes, and in great part the regular newspaper. The abuses in the medical profession should be attacked without medical journals should take an active part in medical politics. Vacancies are to be filled in the colleges, the journals content with a simple statement of active advocacy of some line filling the vacancy—Phil. P.

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ON, A. M., M. D.,
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should be the only legal qualification for
the practice of medicine.

Medical education will only reach a
proper standard and properly keep pace
with the progress of the time when there
is between those engaged in medical
teaching a direct and controlling compe-
tition to excel in the thoroughness and
practical value of the instruction they
give. In this country there is now no
such direct and controlling competition.
Why? In the first place, there is no di-
rect competition because no part of the
general public has the opportunity of pass-
ing on the merits of more than a few of
the schools, and its judgment of them
must be based on such knowledge as it
can get of the acquirements or deficiencies
of a very few of their graduates, perhaps
but one or two from each, and these, as
is generally understood, may be entirely
exceptional among their fellows in the
fullness or meagerness of their attain-
ments, the diploma of every American
medical school being bestowed on men
representative of both the extremes of
medical knowledge and medical ignor-
ance. We of the medical profession can-
not estimate the goodness or badness of
the teaching in the various medical
schools of the country, because we have
no data upon which to found such an es-
timate, and the general public, with no
more data than we have, are far less able
to judge of the matter, if such data were
furnished them.

Again in the absence of direct compe-
tition to excel in thoroughness of teach-
ing, such competition as there may be in
this direction does not and cannot control
the policy of the schools. This is so be-
cause most medical teachers are also
engaged in other business; and the ad-
vantage that accrues to them from medi-
cal teaching accrues in other ways than
by the reputation for teaching well. In
this country the professors control the
medical schools. They are unhampered
by State control or conditions of endow-
ment, and the board of trustees exists
rather as a figure-head or technicality.
And in every faculty, if there be any who
look to medical teaching to furnish the
larger part of their income, or who base
upon it their hopes of fame, they consti-

tute an insignificant minority. To the large majority of teachers the chief rewards of medical teaching are the opportunities it offers for the enlargement of practice and the attainment of fees, or material for original research. The professorship is a certificate given by the board of trustees, but representing the judgment of the medical faculty, that its holder is eminent in a certain particular department of medicine; a certificate that is advertised to the profession and to the general public in the published circulars and announcements of the school and by appended title, and by word of mouth. It is a certificate worth having. Then, again, simply to stand in the relation of teacher to young men, many of whom will go out to take prominent positions in the community, is to have an opportunity for achieving reputation and attracting clients that is almost unequalled.

It is, perhaps, not accurate to say that we have no data upon which to grade the different medical schools of the country. There is one way, and only one, in which we might, or the general public might, arrange them; they might be arranged according to the size of their classes. By that, and only by that, can we judge of the success they achieve, and inferentially of the success they deserve. So, whether the medical teacher finds the chief advantage of his position in the fees he receives for teaching, in the opportunities for practice that his teaching opens up to him, in the material it brings him for original research, or in the reputation and influence that come from the teaching itself, the extent of that advantage is measured by the number of students he teaches.

The existent competition is for large numbers of students, and to secure them the first attraction that the schools have to offer is the degree of Doctor of Medicine. This degree has been borne by many great men; it has become, in this country, the badge of membership in a so-called liberal profession; but a more weighty consideration than these is the fact that it is required by public opinion, and in some States by statute law, as a prerequisite to entering upon the business of medical practice. As matters now

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to hold such examinations, and to provide
for the so-called schools of medicine by
giving homœopathists and eclectics repre-
sentatives in the boards, with authority
to pass, on that particular branch, such
applicants as might desire to be examined
by them. I see no very serious objection
to some such plan, since the unity of the
healing art would be sufficiently vindi-
cated by the single examination on all
other branches.

The examiners should receive a fixed
compensation, in no way dependent upon
the number of applicants examined or
passed by them. The superiority this
alone would give the State board over the
faculty of the medical school need not be
dwelt upon. For similar reasons, the ex-
aminers should not be involved in the
business of medical teaching; neither
should they be chosen by those engaged
in teaching, but rather by bodies repre-
sentative of the profession, as the State
medical societies, or by the representatives
of the whole people, the governors or leg-
islatures of the States.

The examiners should have long official
terms which should not expire simultane-
ously, such a provision being necessary to
secure stability and continuity in the
policy of the board.

The examinations should, as far as pos-
sible, be written, for written examina-
tions, besides being most easily made fair,
uniform, and thorough, can be matters of
record. But above all they should be
practical.

In conclusion, let me reiterate my most
earnest belief that such State boards
should have for their function the exam-
ination of applicants for the license to
practice, and not the endorsing of the
diplomas of certain medical schools, for
the public is more abused by the disparity
in the attainments of men receiving their
degrees from the same faculty than by
any disparity existing between the re-
quirements of the different schools that
lay any claim to respectability. Such
boards might have their sphere of useful-
ness increased by power to conduct or
supervise examinations in the branches
of learning that fit men to become stu-
dents of medicine, but this and the right
to be influenced by considerations of mor

fitness or unfitness of the candidate should be the only extension of their powers. Let them attend to their principal duty, without hindrance from diverse and distracting interests and responsibilities—*Phil. Med. Times.*

THE AURAL SYSTEM FOR THE SEMI-DEAF.

BY J. A. GILLESPIE, B. D., PRINCIPAL OF
THE NEBRASKA INSTITUTE FOR THE
DEAF AND DUMB, OMAHA.

[A paper read at the Convention of Articulation Teachers, New York, June, 1884.]

WHAT I have to say in this paper, I have already said in an article in the *Annals*, from which I will read, inserting an account of certain tests and experiments which have been made since the article was written.

That a large percentage of our deaf and dumb pupils, so called, have partial hearing is a fact well understood. That but little effort is made to develop this latent hearing is a fact equally as patent. To prove that this dormant hearing can be developed, cultivated, and used in the education of this class is the object of this paper; and in it I shall give a condensed history of my experiments in this direction, and the conclusions deduced.

From my earliest connection with deaf-mute instruction, it has been a favorite theory with me that this latent sense might be developed, but not until four years ago did I make any special experiments to verify it.

About that time my attention was directed to the audiphone as an aid to hearing. I secured a number of these instruments, selected a class consisting mostly of grown pupils, those having some hearing, and drilled it daily from half an hour to an hour at a time for about three months, beginning with single vowel sounds, made in quite a loud voice. At the expiration of that time, these pupils were able to recognize sounds, words, and a number of sentences across the room; and, frequently, I stood in the hall, leaving the door slightly ajar.

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Two years later, the young man, who would go on to become a course of study, was even more. During the time, was brought to daily practice, keep time, changed to, soon noticed, could account for the instrument, facing it. sounds, made, end of the, both with, This test was, and encour

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manifested none when he came to us. I wrote to his teacher, to make the inquiry as to what she had done with reference to cultivating his hearing. She said that the latter part of the year she thought there was some improvement in his hearing; she did not have the time to devote to it. I wrote to his mother and inquired what she knew of his hearing and speech. She said that prior to the time he came to the Iowa school, he could not speak a word, and she did not pretend to make him hear, to say anything to him through his ear. These examinations were taken from their school-year work. This boy, I spoke of, had as many as seven or eight hundred words that he had learned by sound. Of course, he knew the language and the meaning of the words before. No. 2 is a young man who left our school two years ago. Of twenty words hearing, he has a 10 minus. Of the twenty sentences, he has a ten minus, which means that he missed not a full sentence, but some part of one sentence. In twenty sentences, he has a 10 minus. Of the twenty sentences in lip-reading, he has 9½. The third case is a young lady about fourteen years of age, who had never been in school at all until about the middle of the term. She had hearing but did not know how to use it. Her name is Gertie and her mother would say, "Gertie, home?" Well, she understood that to mean, "Gertie do you want to come home?" Or, she would say, "Gertie, go barn;" or something of that kind. And Gertie would understand that. But as to putting together words to form a sentence, she had not any idea whatever. She was able in this same work, though her sentences were of an easier kind than the others, from the fact that we had to give to her the meaning of the sentences and words. In her twenty words, sentences, and questions, she was perfect, and she could have answered within her own vocabulary as many as you had a mind to ask.

Vice-President Stainer: That was one year's education?

Mr. Gillespie: Yes, sir. We have in the whole school, under this instruction, seventeen, these three that I have taken are the best ones, and they range down to

where the benefits are very little. Of these seventeen, four are congenital, and six deaf from sickness.

The latter class, beginning as it did with single sounds in the fall, is now taking sentences from the teacher's voice with ease. The teacher is obliged to speak in a louder than a conversational voice, though not nearly so loud as at first. The hearing improves. The children are delighted with their progress, and are anxious to learn. The teachers are enthusiastic; and while the work is laborious and often discouraging, they work with a strong faith in the system.

As to what takes place in a scientific point of view—whether the auditory nerve develops as a muscle develops, by use, or whether this is simply an education of the partial hearing, or both—I do not here discuss. This much I will say, however, that the sense of hearing, which has lain dormant and useless up to this time, is now sufficiently developed to be of great benefit to these children, and nobody is more conscious of it than they themselves. They know that heretofore they heard not, and that now they do hear. They know, also, that it has not been miraculously done, but that it has been brought about by patient, hard work on the part of their teachers and themselves.

I have no fault to find with those of the profession who regard the manual and sign-methods as the best, nor with those who consider the oral system as the only one to be tolerated, nor yet with those who find the audiphone and other aids to hearing as utterly useless. I take the broad ground that a teacher of the deaf is in a grand work, and is entitled to his opinion and his preference of method and appliance.

My experience and observation in reference to this question, lead me to this opinion, that a large majority of the semi-deaf children in our schools *can and ought to be graduated as hard-of-hearing speaking people instead of deaf-mutes, as heretofore.*

The class of hard-of-hearing speaking people in society is large, but a hard-of-hearing speaking child, or one using an artificial aid to hearing, is a rare sight.

And the reason for this fact, that when be educated in the reported as a deaf-institution for the cated as a mute, and course, to all inten deaf-mute.

The question now edy for this state of is that there is a is found in what I system."

If, by any process of children can be ta guage aurally and their places in socie though hard of hea be accomplished, th the language by sou tion in my mind. I recorded amount to They are demonst class of children i cerned, and they nur cent of the whole. one place can be do we have a greater pe here than elsewhere believe. Some of th to us to have hearin as great a proporti every school in the cause whatever to do to be the case, and v number educated in United States alone thousand, and of th be educated, the que tic proportions, and thought and attentio it, and at once.

These semi-deaf schools to-day, and w until other provisio They do not hear ex in the public schools; hearing to be lost with those who have

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NOTICES.

TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION. Sixteenth Annual Session, 1884.

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY. Nineteenth Annual Meeting, 1884.

MUMPS AS A CAUSE OF SUDDEN DEAFNESS. By Leartus Connor, A. M., M. D., Detroit. Reprint, *American Journal of the Medical Sciences*, October, 1884.

MURIATE OF COCAINE IN OPHTHALMIC SURGERY. By C. J. Lundy, A. M., M. D., Detroit. Reprint, *The Physician and Surgeon*, November, 1884.

NOTES ON THE TREATMENT OF TRACHOMA BY JEQUIRITY. By Leartus Connor, A. M., M. D., Detroit. Reprint, *Detroit Lancet*, September, 1884.

PERMANGANATE OF POTASSIUM; ITS ACTION AND USES. By Roberts Bartholow, M. D., LL. D., Philadelphia. Reprint, *Medical News*, November, 1884.

JEQUIRITY; ITS USES IN DISEASES OF THE SKIN. By John V. Shoemaker, A. M., M. D., Philadelphia. Reprint, *Transactions of the Medical Society of the State of Pennsylvania*, 1884.

THE DRY TREATMENT OF CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR. By Charles J. Lundy, A. M., M. D., Detroit. Reprint, *Transactions of the Michigan State Medical Society*, 1884.

A good drug stock, with or without storeroom, a fine two-story eight-room residence, with suitable out-buildings and physician's paying practice, for sale at a bargain if sold soon. Address, Lock Box 8, Harper, Keokuk County, Iowa.

DR. THOMAS A. FRENCH, of Brooklyn, N. Y., photographs the larynx, and obtains pictures of great clearness. The process can be used, it is claimed, with untrained patients. It is, as the N. Y. *Medical Journal* truly says, "a distinct advance in the demonstration and recording of laryngeal affections."—*Buffalo Med. & Surg. Journal*.

THE
Iowa State Medical Reporter.

DES MOINES, OCTOBER, 1884.

EDITORIAL.

"MEDICAL LEGISLATION."

THIS subject is a little out of season but as long as there is a field so ripe for the harvest, in this direction, as Iowa possesses, it is always fresh. During the past year, the REPORTER has referred to this subject several times, under different headings.

The agitation of this subject by several of the noted societies of Pennsylvania, including the State Society, has given rise to a very valuable article in number 442, volume XV of the *Philadelphia Medical Times*, accompanied by an editorial. The plan proposed in this article, and ably supported by the editorial, contains in detail (without any essential difference), so much of the subject-matter presented to our readers through the columns of the REPORTER, several months ago, that we feel a just pride in again presenting our views under the support of such able authority.

Omitting details and explanations, the schemes presented, if condensed, would be found to consist of the following: First, that there should be one central board consisting of men chosen only for their proficiency and removed as far as possible from political influence; second, that the examination be conducted in such a manner as to show no partiality; third, that all who intend to practice, irrespective of diploma, school, sect, or ism of medicine, should be compelled to meet the requirements of the examination; fourth, that we recognize, in some way,

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question that is surrounded by a doubt
that can never be solved, except by the
circumstances surrounding each case; it
is, therefore, a subject which should re-
ceive conservative treatment, unless gross
abuses appear. The causes for the condi-
tion which calls forth the above censure,
are ones, very interesting to the investi-
gator. The Code of Ethics furnishes ex-
cuse, under professional etiquette, for an
its-none-of-my-business unless the sub-
ject is a victim. This begets the spirit
that will neither give nor receive criti-
cism. From this schooling come the
editors of the medical press, but few of
whom ever fully overcome their early
discipline and acquire the independence
of character to fearlessly carry out the in-
dependent and aggressive spirit that one
should put into every opinion he advo-
cates, believing it to be right. This same
want of tolerance is the spirit that dif-
fuses rather than concentrates medical
interests. It creates individuality, and
destroys society. It disintegrates social
organization, and impedes advancement.
On the other hand, the editor, knowing
the state of feeling, fears to tread upon
the tender points of a prospective or real
subscriber.

THE hard times have not been without
their effect upon the profession. Not only
have the receipts of lawyers and medical
men fallen off, but cases of destitution
are met with on every hand—*New York
Correspondent Phil. Med. News.*

A. C. Rogers, M. D., formerly connected
with the Iowa Hospital for Feeble Mind-
ed Children, at Glenwood, Iowa, is now
located at the Training School for Indian
Youth, at Forest Grove, Oregon. The
REPORTER has received several favors
from him, and sends its best wishes for
his success.

—THE—

IOWA STATE MEDICAL REVIEW

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

VOL. II.

DES MOINES, IOWA, JANUARY, 1885.

ORIGINAL ARTICLES.

A CASE OF LITHOTRITY.

BY A. B. POORE, M. D., CEDAR RAPIDS.

ON September 4, 1884, Mr. G. applied to me for relief from what he believed to be prostatitis. Frequent and painful micturition, pain in the prostatic region on assuming a stooping posture; on rising from the bed or a chair, or upon turning from back to side, together with an occasional pain or ache in the glans penis, were the more noticeable symptoms. The trouble had existed for more than a year. The bladder symptoms had been preceded, some months previous, by a severe pain over the left kidney, which pain had gradually extended or proceeded downward and anteriorly toward the side of the bladder. This pain had followed a hard day's labor. Mr. G. and a co-laborer had worked very hard to push a hand-car, loaded with iron, up a grade on the railroad. While he was at this work and at a moment when he was straining very hard he felt something "give way" in the region of the left kidney, and that evening the pain in that region became very severe, and for the next four weeks confined him to house. The torture terminated very suddenly one day, when he was well enough to walk about. For sometime after that he was quite well, but gradually the symptoms above enumerated made their appearance and became daily and weekly more exaggerated. On exploring the urethral tract, several small and exceedingly irritable points were found (notably in the membranous portion), which might have mis-

led one, for, being exposed, a discharge simulating leucorrhea. The No. 9 sound was quite tender, and the sphincter normally sensitive. Immediately on entering the the urethra was felt. An attempt was made to retain the size, but the severe pain of the bladder prevented further attempt. I immediately decided to attempt to crush and remove the stone the following three weeks. The urethra as rapidly as possible, No. 17 could be easily passed, and the meatus, a No. 18.

After having for several days used anodyne mixture, and after he was home in bed, the patient was unable to bear the severe pain he had experienced; and on October 1, I made an attempt to crush the stone. The operation was not as complete as would have been had not the patient persistently refused to take an anesthetic. And, indeed, I did not insist on it. Both Hamilton and Stephen were called, and they administered an anesthetic unnecessarily. I proceeded, however, in giving the patient three or four crushes, and we afterwards obtained quite a large amount of stone between this and the next sitting. There was considerable soreness and tenderness of the urethra after this first sitting, and there was severe pain over both kidneys, but the patient was relieved by anodyne mixture, and later by dry cupping.

Five days later, on October 6, I again crushed the stone and the patient was under ether; I had some difficulty in seizing the fragments, but repeatedly picked up and crushed another. A week later I found

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ide of the instrument. It
at this is one of the objec-
tst the lithotrite. The
the instrument it became
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nt through the opening.
oil I did not encounter so
The fragments seemed to
rowded out of the blades,
ys possible to screw them
nd close together. The
as, to more completely pro-
the bladder, which it man-
shed, since there was little
fter each of the operations
s used. Incidentally, the
certed anodyne and anti-

the catheter I introduced
ated the stone, and made

In getting hold of the
by far the best plan to
te, closed, upon the floor
en raising the handle
es, to depress the pos-
s internal end, and with-

drawing the male blade an inch or two
and shaking the patient from side to side
I was able to roll the stone into the female
blade. Feeling that it was there I pushed
down the male blade until the stone was
firmly held, locked the instrument, and
turned the screw. When this portion was
crushed I proceeded precisely in the same
manner to seize and crush the fragments
remaining.

Most of the crushed portions passed
easily, but, twice, were large and jagged
pieces retained for an hour or two within
the urethra. To dislodge them the patient
was directed to grasp the head of the
penis and to retain the water in the ure-
thra until it was greatly distended and
then to let it come suddenly. This was
successful in all cases.

When I first grasped the stone, its size,
as measured on the scale on the lithotrite,
was two and one-quarter inches in di-
ameter. After being removed, dried, and
evaporated, it weighed six drachms, and
fully one-fifth of the stone was lost and
never weighed. I estimate the stone
within the bladder, to have weighed fully
two and one-half ounces.

This makes the third case of lithotomy
at which I have officiated; twice at the
handle and once at the ether flask, and I
have yet to see any trouble or danger. I
am satisfied that Dr. Bigelow has put
into our hands an instrument of great
value, and one in which, in appropriate
cases, we can have perfect trust. I feel,
with a certain noted instructor of sur-
gery that, "while it takes from us one of
our most brilliant and successful opera-
tions—lithotomy—one must thank Amer-
ican ingenuity for one of the most suc-
cessful of modern instruments."

In conclusion, I must take space to give
due credit to Drs. Holman and Cather-
wood, by whose very efficient assistance
some of the obstacles in the way of suc-
cess were safely overcome.

HYDROCHLORATE OF COCAINE is only
soluble in water in the proportion of five
per cent. To obtain a stronger solution
an acid has to be added, which contra-
indicates its use, in this form, for eye
operations.—*Medical World.*

VOICE AND HEARING FOR THE DEAF.

BY MARY M'COWEN, ENGLEWOOD, ILL.

[Read before the State Teacher's Association, at Des Moines, Iowa, December 23, 1884.]

OUR object in this paper is to present the subject in a plain practical manner that shall awaken your interest and enlist your sympathy for this class of children.

We first take up and answer a few general questions that meet us almost daily from those whose attention has not previously been called in this direction.

Are deaf children necessarily dumb?
We answer, No. Intellectual incapacity or serious malformation of the vocal organs will interfere with speech and may produce dumbness. Mechanically, speech is a peculiar exercise of the vocal organs learned by imitation. Children of all nations, deaf and dumb as well as hearing, scream when they are angry, cry when hurt, and laugh when pleased. But not so with speech. The little Italian hears Italian, imitates Italian, learns to talk Italian. The little German hears German, imitates German, and learns to talk German. The little deaf child hears no speech and remains dumb. His involuntary noises, laughs, cries, and shouts are, when young, so very natural that the fond parents do not sometimes suspect deafness till from lack of sufficient and proper use, the voice begins to sound unnatural. Much valuable time is thus lost, and the chances for regaining the speech easily is greatly reduced. For some reason there seems to be a prejudice against speech for the deaf in the United States that does not exist elsewhere.

In Europe the oral method for the deaf has almost altogether superseded the sign method. The International Convention of Deaf-mute Instructors held at Milan in 1880, declared itself very strongly in favor of articulation for the deaf, the delegates from the United States being almost the only dissenting voices. At a similar meeting in Brussels, in 1883, the subject of signs versus speech

was not opened for discussion. The natural inference being it was considered a settled fact that deaf-mutes could and should talk. The whole time of the convention was given to the discussion of the different methods.

Why do children who losing gradually become dumb?
ease which caused the deafness affect the natural use of the voice but more often the ignorance of the former, of the family are alone to blame.

The little child bereft of hearing by a lingering illness, wakes as it were, sees mother and friends about it, no voices, thinks it all very strange to speak, perhaps, and is startled by no voice; has not learned to give meaning to motions of the lips, all that is now left to him of speech is if some one does not see the difficulty take immediate measures to provide means of communication and to see words on the lips, shown by the hand, heard and understood and enabled to talk, the chances are very great in from six months to two years that the child will become practical talker. It is especially desirable that those who lose hearing after having been able to talk should soon as possible be saved from distressing habits of drawing and mispronunciation. These are almost sure to follow and are so hard to break up if once formed. According to the late census of the United States who once had speech but have become deaf are allowed to lose their speech practically to-day given up to silence when all teachers of the deaf, however radical they may be, use signs for congenital mutes, semi-mutes—those who have lost hearing but know how to talk, can and should be taught by the oral method.

Are all (so called) deaf children really deaf? This is a question which in times past received less attention from both parents and physician. Well authentic

children supposed to be deaf
taught as 1779 De

As early one half his
hat nearly degree of hearing. Later
made by Drs. Beyer,
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extending from the time
as late as 1853, with most
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cases of total deafness have

Many born deaf, so deaf
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sickness or accident have
ially deaf). The most com-
s are about 13 or 14 but sev-
20, 30, 40, and even 50 have

While some with a hearing
s can readily understand
is without any previous
the hearing. And our

opinion based on our own experience
in this line, is that a hearing power
of 14, other things being equal, with
training, will soon surpass a hearing
power of 18 without such training.

Making all possible allowance for ex-
aggerations these results are still ex-
tremely gratifying and we look forward
to the official report of the committee
with the deepest interest.

I doubt not there are today in sign in-
stitutions many supposed to be deaf who
really have enough hearing to be utilized
and who will be taught to use it.

Several cases in our own experience are
peculiar enough to deserve special men-
tion.

A little girl, ten years old, deaf from a
fall in early infancy supposed to be totally
deaf gave no evidence last year, of hear-
ing but was very anxious to hear, is this
year learning to hear words. A lad 14
years old, educated as deaf and dumb,
two years, in the Iowa Institution, accord-
ing to his own statement dropped from
the articulation class as a very poor sub-
ject for speech, with no account at all
made of his hearing, afterwards spending
a year in the Nebraska Institution under
similar circumstances except he was re-
tained in the articulation class and
learned to speak a number of words, was
put in my aural class in December 1882.
In the year and a half that he spent
with me he acquired such command of
oral speech and lip-reading that he was
able to dispense entirely with the use of
signs and understands by hearing alone a
vocabulary of nearly two thousand words.
He is at home to-day attending home
school with his hearing brother and ac-
cording to their account is doing well.
Not that he speaks *perfectly* but so plainly
that any one can understand, and as a rule,
he has very little trouble in understand-
ing what is said to him. Two boys of
seven years (both were almost eight) en-
tered my class deaf and dumb, could not
speak a word, could not hear a word, did
not understand a word of language. Both
have been with me about two years and a
half and in that time have learned to talk,
hear, read, and write so well that strang-
ers who hear them now for the first time

find it difficult to believe they ever were deaf and dumb.

The aural training has given them command of very pleasant voices. They read anything in the first and second reader with natural inflection and excellent modulation using intelligently a vocabulary of nearly three thousand words and understanding the same if spoken within a few inches of the ear. (A test was here given of one of the lads mentioned above. His face was turned so that he could not by lip-reading understand what was said to him. A number of persons in the audience at different distances from the platform addressed him asking questions and shouting to attract his attention but his reply when asked, "What do you hear Alex?" "Listen." "Some one is talking" was every time, "I cannot hear any body." After the audience had tested the matter to their satisfaction, one lady leaving the front seat and standing quite near the platform with the same result, Miss McCowen spoke close to his ear, in a very quiet voice, asking question after question, his replies showing that he must have heard and understood.)

Now our theory is, the capacity for hearing in the first place was not sufficient to enable him to distinguish sounds with any accuracy and he became more and more indifferent to noises which conveyed no intelligent meaning until he seemed not to hear at all, just as we become deaf to the passing of trains, ringing of bells, and other sounds no matter how loud, in which we are not especially interested and which we do not therefore care to hear. Our first exercises attract his attention to noises which he gradually learns to distinguish and understand; the attention to sounds and the intelligent and accurate perception of slight differences in sound being the factors that give him the use of his hitherto latent hearing.

Our school was established for the special training of just such supposed deaf-mutes. I have in addition to this class received two semi-mutes who are totally deaf, but retain more or less speech and depend entirely on speech reading. It is also true that with young

deaf children conclusions therefore have one posed to proved to

The he imitation hears and is going him long talk.

Then 1 co—oo, 2 oo—ä, oo—ä nastics u said man thousand surprises plainly. may be v two hear exactly t be suppo ing to fir hearing sand tin deaf boy times.

The he and mor tics, and he has w the case ing, and and disti of hearin severing fore any expected six mont ercises in such bri little fel drudger he is ha

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deaf children,
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ensus Report:
dumb in the
nder six years
school age (be-

tween six and twenty; 5,400 of these were
reported as being in schools for the deaf,
7,000 had received more or less instruc-
tion in institutions though not now in
school, making 12,000 educated or part-
ially educated deaf-mutes—considerably
less than half the total number.

In only 22,473 cases was the cause and
condition clearly stated; of these 12,155
were congenitally deaf; 2,235 lost hearing
from five to nine; 694 between nine and fif-
teen and 100 at fifteen years of age. There
are over 3,000 children reported as deaf
and dumb who had perfect hearing and
speech till from five to fifteen years
of age. Of the whole number of 34,000,
549 or less than one in every sixty, are be-
ing taught to use speech in oral schools;
337 more are being taught speech in sign
institutions where their associations are
entirely with deaf mutes, and where, as a
rule, there is not the slightest incentive
to use their speech outside the oral school-
room for which reason it can never be to
them a language in which they think and
which they use freely and easily.

A large number of other pupils in sign
institutions are receiving from a half
hour to an hour a day instruction in
speech, using signs for all communica-
tions during the remainder of the day,
and acquiring about as independent com-
mand of oral speech as the average pub-
lic school pupil does of German who
studies it the same length of time, hear-
ing all explanations in English and using
English constantly! True, the few words
and sentences which he learns will in
most cases, be a source of great pride and
gratification to his parents, but speech
can thus rarely become more than an ac-
complishment.

In your own noble state are something
over 300 pupils in school at Council Bluffs,
and as many more out of school. And my
special plea is for those who have never
yet entered institutions. Of the 300, say
one-tenth belong to the class described as
semi-mutes; that is, can talk but not
hear, and another tenth have sufficient
hearing to be used with advantage in
learning to talk and hear, making to-
gether sixty children capable of being
taught orally. This is a very modest esti-
mate. It is our private opinion that a

very large proportion of the 300 who are capable of being taught at all, if taken young enough, could be taught to talk well. But if not, all authorities agree that the sixty can and ought to be taught to talk. Then why must they remain dumb?

In barbarous ages, Greece, Rome, and Athens, cast the poor unfortunate deaf-mute into the sea, regarding his misfortune as a disgrace. Will Iowa with her present prosperity, her general intelligence and her acknowledged high standard of public schools and public school teachers, allow these precious children with God given powers of speech and hearing, whose tongues are waiting to be loosed, whose ears are waiting to be opened, will Iowa allow them to remain silent and deaf to the sweet sounds of singing birds, of flowing brooks, and to the precious voices of loved ones?

Who among you teachers will give this subject some study, and if convinced of the truth of these statements, who of you will dare remain dumb in the face of so great responsibility?

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, December 1, 1884.

Movement of population for November:	
Present, October 31.....	252
Admitted during November....	1—253
Discharged during November...	0
Died during November.....	1
Transferred to Insane Asylum..	0— 1
Present, November 30.....	252

F. M. POWELL, *Supt.*

SOLDIERS' ORPHANS' HOME.

DAVENPORT, December 1, 1884.

Movement of population for November:	
Present, November 1.....	243
Admitted during November....	16—259
Discharged during November...	3
Remaining, November 30.....	256
Of these 122 were girls and 134 boys.	

S. W. PIERCE, *Supt.*

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THE IOWA STATE MEDICAL REPORTER.

cs. The os was rigid until and hypodermatic, which seemed good. There was no history trouble nor swelling of feet. well commended the treatment, hat such cases were trying at at anemia of central portion of been advanced as a cause of the Morphia and atropia repeat- istered seems to be indicated. eggs thought the convulsions ither to albumenuria; inflam- essionure on kidney; or a primary up by pregnancy; or to the fort at dilation.

ions might occur first five or six r delivery, under peculiar men-

Reported case of this charac- e husband killed his brother ee weeks before confinement t. Treatment, bled from both il convulsions ceased. The pa- id go into clonic convulsions if and died in twelve hours.

se where convulsions occurred e placenta is delivered, I give per rectum, of chloral, thirty eated every half-hour until ains were given. Patient re-

the best treatment is to dilate ly and deliver as soon as pos- should be done under an an- loraform being the best. n to bleeding in full-blooded in speedy delivery this is s you get depletion during

ay do good and is worthy

continued report of frac- reported at last meeting.

x weeks removed splints nd found fibrous union had ery satisfactorily. There to be any ancholosis of ng anterior and posterior ng them daily. Patient is ghtly. Used Mead's adhe- original dressing. Patient crutches.

reported case of a woman, five, mother of two chil- of whom was eighteen

years of age. Patient was stout and healthy looking and menstruated regularly. She called on me September 1, having noticed fullness of pelvis for a year or two; was lifting and felt something give away and continued to feel weight and uneasiness for a week, then took bed, and had chills and fever. On examination found tumor filling vagina. Color, dark and sphacelus with sanecous discharge, bad odor. High up in pelvis there seemed to be a ridge resembling the os, and above this reflection of vagina on neck.

Tumor seemed to be hollow, the walls gliding over each other. Not tender or sensitive, no particular pain or disturbance except that of weight and dragging. Consultation rather inclined to believe it an inverted uterus; seemed to be strangulated, black, and sloughing. Gave washes to correct fetid discharge, with quinine and iron internally. In a week a portion sloughed off and kept coming down until size of child's head.

Met to operate, found neck beyond pedicle of tumor, examined through bladder and rectum. Diagnosis still uncertain. On further examination of anterior portion of neck, found a slight depression and passed probe into uterus above. Ligated pedicle and cut away the tumor, which was of fibrous character and size of child's head. In seven days patient was up doing regular work, and as well as ever. Tumor attached to anterior surface of posterior lips of uterus, which elongated and afterwards ruptured part of the capsule, slipping up, formed the above simulating ring of an inverted uterus. Case very interesting as to diagnosis.

Dr. Scroggs reported case of girl eleven years of age who, last July, had attack of dysentery and flux. On September 22, was called to see her. Patient had fallen and received injury to left superior maxillary. Parents had given her several physics of Carter's pills.

Gave quinine for four or five days, had continued fever, temperature 102.

Gave Carb. acid, one grain; tincture iodine, two grains, well diluted, every five hours, continued several weeks; patient seemed to get better and sat up.

Found several lumps on her head, opened several, found pus in them, no inflammation. Several days afterwards was sitting up eating, felt better but complained of mouth. Examined and found black spot near median line of roof; spot was cold and began to break down next day; spot sloughed out, no line of demarcation. Spot appeared though, encircling entire cheek; broke down and passed to middle of nose and throat, some of the teeth dropping out. Patient died. Diagnosis, gangrene of face, account of low condition of system, probable injury to bone, setting up ostitis and phlebitis forming cold abscesses. For two days was free of fever. Died two days after black spot appeared on cheek.

Dr. Maxwell stated that injury to face very prone to phlebitis and embolism.

Subject of next meeting: Puerperal Fever.

Adjourned to meet at Dr. McDonald's office, third Monday in December.

P. J. PAYNE, *President*.

H. A. KINNAMAN, M. D., *Secretary*.

CENTRAL DISTRICT MEDICAL ASSOCIATION.

THE regular meeting of Central District Medical Association was held at the Butler House, December 16, 1884.

The meeting was called to order by the president, Dr. Chas. Enfield, of Jefferson.

The following members were present: Drs. A. A. Deering, secretary and treasurer; P. S. Moser, A. L. Wright, O. W. Lowry, D. J. Brookings, S. O. Stockslager, F. J. Kriebs, D. S. Fairchild, G. D. Rowe, L. J. Alleman, H. D. Ensign, D. N. DeTarr.

After the reading and approving the records the Board of Censors reported the following gentlemen as candidates for membership and they were duly elected: E. S. Bullis, Ames; Q. A. Sturgeon, Madrid; and H. S. Farr, Madrid.

Dr. L. L. Porter, of Moingona, and Dr. W. M. Huntington, of Vermont, were made members by invitation.

The report made at last that part of the assembly members:

A bill from ordered paid

Dr. Fairchild The Therapeutic Its Complications manner the Moser, Allen Moser, later pathological of the kidney.

Dr. Farr treatment.

Dr. Wright paper on Int Treatment.

At this point was announced their wives thirty-five, Butler's fine

A short evening Dr. Brookings by Dr. Wright of the members

Drs. Brook delegates to the association, and were instructed

The following delegates to E. Bullis, F. Sturgeon, Ge

Jefferson holding the merhorn and mittee of arrangements

A short sketch Gwynn, of M was read by spread upon

On motion tended to M for the manner entertained, tended to us

The paper was continued society adjourned

LECTIONS.

MEDICAL SCHOOL.

THOMAS, M. D., (HARV.)

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be deceived by the idea that an M. D. is
an M. D., no matter where conferred.
When you begin practice the first ques-
tion is: "Where did you graduate?" And
that question and the answer will often
settle your fate. If you wish the position
as examiner for a life insurance company
or any similar position, the first question
is: "Where did you graduate?"

"Day by day, the line that separates the
graduates of superior or advanced schools
from those of institutions clinging to the
old standard, becomes more and more dis-
tinct. The attention of the community
is aroused, and it is unquestionable that
future graduates," of the best schools,
"will not only be entitled to, but will re-
ceive, a larger share of the confidence of
the community than will be given to
those who pursue a less thorough course
of study."

Many will say "I cannot afford to at-
tend one of the best schools." You can
by the time you are twenty-five. You will
be worth more at forty, to graduate at a
good school at thirty, than at a poor one
at twenty-one.

The Ideal School.—It should insist
upon an Entrance Examination in Eng-
lish, Arithmetic, Geography, History of
United States, General History, Rhetoric,
English Literature, Latin, French, Ger-
man, Physics, Chemistry, Botany, Zool-
ogy, Comparative Anatomy, and a thor-
ough practical knowledge of "Anatomical
Technology as Applied to the Domes-
tic Cat." By B. G. Wilder, M. D. (Harv.)

I would have an under graduate-course
of four years leading to the degree M. B.
I would not have M. B. conferred on any
one younger than twenty-three. He must
have performed every surgical operation,
a number of times, on the cadaver, must
have taken charge of five cases of obstet-
rics. The instruction should be largely
clinical, and in the various laboratories.
In a word, I would have the M. B. course
almost exactly like the four years M. D.
course at Harvard. Any one could begin
practice upon taking his M. B. if he chose.

Before taking M. D. one should be
twenty-five years, and have studied two
years after taking M. B. The M. D.
course should be largely post-graduate
elective studies and hospital work. Be-

fore receiving M. D. he should have performed all the common operations on the living body, and have attended every available variety of cases in the different departments of medicine. He must have taken a thorough course in veterinary or comparative medicine.

A word upon this subject. Comparative medicine is becoming of more importance every day. Many of our diseases are derived directly or indirectly from the lower animals. Most of the experiments are performed upon some domestic animal. The veterinary student studies human anatomy, pathology, and therapeutics during his college course. Is it not a sad oversight that we do not require the study of comparative medicine, especially when there are Veterinary Schools connected with nearly all our best universities?

The M. B. will be the general practitioner of the future. The M. D. will be a superior practitioner, medical professor, and investigator.

THE CURE OF CROOKED NOSES BY A NEW METHOD.

BY JOHN B. ROBERTS, M. D.

[Read before the Philadelphia County Medical Society.]

I PRESENT this patient to the Society, to show the manner in which I treat the very disfiguring lateral deformity of the nose, so often seen after falls or blows which have fractured the septum and cartilages. The method is, I believe, original. It is certainly attended with very little inconvenience to the patient, who, after recovering from the anæsthetic, can at once attend to his occupation, without wearing any apparatus to call attention to the surgical procedure by which his crooked nose is being made straight and shapely. The usual advice given to patients with deformed noses from nasal fracture sustained in childhood or later, is to undertake no surgical treatment, but to become reconciled to the disfigurement of feature as best they may. This is, I am sure, improper advice. The cosmetic objection to a crooked nose is cogent; and, moreover, obstruction of one nostril,

from the frequent accommodation of the

This man upon his face with the end and with the left nostril. yesterday. and nothing tion, except plaster a little bridge. Just inspection revealed on the columella. therefore, is on account pleasantly. This evening man, and relief with such care hope to bring deformities formal and may have no ening of the marks.

Replacement in this case will introduce perforated the upper and base of the nose through and forward. the whole can nose to the left extent the lateral parts in the steel pin about long, into the completely the upper segment of the columella. tion of the septum enabled, by the left, to nose to the left. bedding the immovable mucous membrane of the nostril. In the deformed cartilage exactly when she is

the deflection of the end of the right, which seemed to be position of the lateral cartilage the right nasal bone. With the right nostril, I pared the nose, without perforating the skin, and turned the parts over to the left. A pin inserted from the cutaneous surface of the dorsum on the right side of the line. The point of this pin having its point imbedded in the skin of the left naris. It is the second pin that is covered by a square of court-plaster. The angular deformity of the nose, and the occlusion of the nostril, which had greatly annoyed the patient.

I have thus an idea of the method, and believe, great capability for the treatment of slightly nasal deformities. It consists merely in pinning the nose in position until cicatrization has taken place. Endeavors have occasionally been made by Mr. Adams, Dr. Weir, and others, to hold deflected noses in position, by the use of clamps, sutures, and to the forehead, adhesive plaster, and similar devices. All objectionable, because so complicated, and would be used only in instances of extreme deformity. The pin method, however, no noticeable scar, is not objectionable to the patient, and is applicable, even to those slight deformities whose chief annoyance is an esthetic one. I leave the patient in position for about two weeks.

Dr. Mason, of Brookfield, has used the use of steel needles to hold the nasal bones in position, when comminuted fractures, it was necessary to keep the fragments sufficiently apposed, and transfixes the nose below the bridge with fragments, and carries a wire or rubber band across the bridge of the nose, from one side to the other. The needle is used to tie the base of the nostril to prevent its falling in. This use of the pins or needles which I am describing, and for the purpose of lengths varying from one

and one-fourth to two and one-fourth inches, and with flat heads, so that there will be little projection under the court-plaster to attract attention when the patient is in public. The heads are square, that the pins, while imbedded, may be, if necessary, readily rotated by the fingers.

When the deformity is in the osseous portion of the nasal bridge, section with small chisels is usually necessary. Discussion of this topic, however, would carry me beyond the limits of the present subject.

Free incisions are essential in obtaining good results in cases of nasal deformity, such as was exhibited by this fracture. The surgeon must not spare the knife and thereby spoil the nose. Secondary operations may sometimes be required to get the best results. If a simple incision did not allow proper adjustment, I should excise portions of the cartilage with the oval punch or the scalpel, or make multiple stellate incisions with the stellate punch, and so produce general flexibility of the cartilage.

Recurrence of the deformity would, I think, be less likely to occur after free incision, pinning, and cicatrization, than after simple dilatation with or without incision with the stellate punch.—*The Polyclinic.*

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, December 1, 1884.
Report for November:

	Men	Women	Total
Remaining October 31.....	258	220	478
Admitted in November....	10	7	17
Returned from visit.....	0	1	1
Total under care in the month.....	268	228	496
Discharged during month..	20	8	28
Daily average.....	252	220	472
Discharged, recovered.....	10	3	13
Discharged, improved.....	2	0	2
Discharged, unimproved...	3	2	5
Discharged, died.....	5	3	8
Remaining November 30...	248	220	468

Respectfully,

H. A. GILMAN, Supt.

HOW TO SHRINK HYPERTROPHIED TONSILS.—At a stated meeting of the Baltimore Academy of Medicine, Dr. Chisolm read a paper on the above topic, stating that he unhesitatingly prefers excision when the patient will permit the use of the knife. It is the safest, quickest and surest method. Prefers one radical operation to repeated ones. Has never seen a bleeding which gave any anxiety at all, and would regard it as due to injudicious or unskillful treatment. But timid parents may decline the operation for their children. No absorption is possible from internal remedies, or from the local use of astringents. Caustics alone under these circumstances promise diminution; but they are often violent in their action, require frequent repetition, and are difficult to limit in their effects to the surface. The tonsils are spongy in character, being honeycombed by the follicles dipping down into their substance. These follicles are more poorly supplied with sensory nerves than the surface of the gland, so that the caustic may be applied both more effectually and with less pain to the interior of the follicle than on the surface.

It is thus that Dr. Chisolm proposed to shrink the gland. He employs a wire the size of a fine knitting-needle and a saturated solution of chloride of zinc; he roughens the wire at one end, and wraps a little absorbent cotton on it; then dips it into the solution and thrusts it to the bottom of a follicle, keeping it there several seconds. Several of the follicles may be cauterized at one sitting, and a few applications suffice to produce shrinkage. This method is bloodless. There being no surface ulceration, no discomfort is experienced. Children seem to suffer none. Has applied it as early as four years. Chronic acid causes pain, ulceration and sore throat.—*Maryland Medical Journal*.

THE loneliest doctor in the world is the ophthalmologist who hasn't written an article on cocaine.—*The Medical Record*.

TREATMENT OF ACUTE AND CHRONIC URTICARIA WITH BROMIDE OF AMMONIUM.

DR. JOHNSON: Within the last ten days I have treated three cases, two acute and one chronic, of urticaria with bromide of ammonium. The first case was that of a grocer, whose attack came on very suddenly about four o'clock in the evening. I saw him two hours afterward, and he told me that he was taken a year ago in exactly the same way, with violent hives, and that in two days the attack was followed by facial erysipelas. His face and hands were red and swollen and covered with hives, and he was rubbing and scratching in the most active manner. I prescribed the following: Bromide of ammonium, two drams; aqua destillata, six ounces. Mix. Shake well and take a tablespoonful every two hours.

I directed him to take in addition ten grains of blue mass at bedtime and a dose of epsom salts in the morning. His urticaria disappeared during the night, and he had no return of it.

The second case was that of a clerk. He had been eating fish for a day or two, when suddenly violent urticaria made its appearance. I prescribed for him: Bromide of ammonia, two drams; aqua camphor, six ounces. Mix. Shake the vial well and take a tablespoonful every two hours.

After the second dose his hives began to get better, and the next day they disappeared, without a return of them.

The third case was that of a young lady. She informed me that she had had the hives for three months. That they did not trouble her during the day, but just as soon as she got in bed at night they would come on and torment her dreadfully for two or three hours. I found nothing wrong with her but the hives, and I prescribed: Bromide of ammonium, one dram; aqua destillata, six ounces. Mix. Shake the vial well and take a tablespoonful every three hours.

In four days she returned to thank and inform me that the mixture had cured her hives.—*American Medical Digest*.

THE Iowa State Medical Reporter.

DES MOINES, JANUARY, 1885.

EDITORIAL. •

THE PUBLIC AND THE DEAF.

THE relations, which these two, bear to each other, are so very complex that it is better to consider a small part of them, in abstract, at a time.

In our last issue we presented a paper from the *Voice*, that illustrates a few of the complexities of the above relations. In this issue, by reason of the fact that we have been able to present a prepared and interesting paper, written from the standpoint of a teacher, without attempting to touch upon the pathological relations, and from the originator of the method described in this and the article, we desire to call our readers' attention to a neglected field for fruitfulness. The casual observer of the field will admit that there are two great classes of the deaf. One, those who are the whole or the greater part of their lives arising after the period of early life, and the other, those who are born with a limited command of the vocal organs, and who are unable to produce speech. The former are the period above described. The latter, of these two classes, the most attention has been called in the mentioned articles. The physician in the field, covered by the above description, looking at it from his professional standpoint, will discover, in physiology, pathology, diagnosis, and prognosis; after which, the common conclusion, too often heard, "he cannot be cured," cannot be concluded at this time, accepted as the only dictate of duty.

Let us anticipate the results: We find that the child, if left to himself and ordinary surroundings, either becomes a deaf-mute, a semi-deaf-mute, a dependent, or the latter, combined with either of the others. We find that he has a partial or complete loss of hearing, that he has no use, a partial use, or complete use of his voice. We find that the defect may be in the organs of vocalization, or of hearing. We find that the trouble may be due to malformation or to acquired changes, and that the acquired changes may, or may not, be amenable to treatment. Finally, we find these very conditions in all the several degrees between absolute loss or defect, and perfection. All must recognize, after having determined, by tracing through the conditions above mentioned, that one, a member of the class of deaf now under consideration, has not an absolute degree of defect, that there are two courses to be followed—one, medical and surgical care, to give such a degree of restoration and preservation of the organs as his condition will admit; another, to educate the defective organs to such degrees of usefulness as they are capable of receiving. This latter, belongs to the teacher.

The same principles, so well described, including isolation, with the necessary convenient surroundings, are equally valuable and necessary in the medical and surgical treatment.

When we recall, as physicians, that only three to ten per cent of imperfect hearing arises from diseases primarily confined to the internal ear; that a large portion of the remaining ninety-seven or ninety per cent can be bettered a certain positive degree by treatment, as shown by the statistics of those men who have exclusively devoted their time and attention to these diseases; that the public has generously provided for the treatment and education of its unfortunate insane and

feeble minded, and for the education of its blind; that the public has partially provided for the treatment of its blind and for the education of its mutes; and that the public has not provided for the treatment of its deaf, other than their general bodily condition; we, as representatives of the public in their treatment of the deaf for their special defects, owe to the public and ourselves a duty—to use our influence to correct these neglects. The absence of generous provision for the treatment of the deaf and a better provision for the treatment of its blind. There are several reasons for these neglects. Possibly the public does not consider the loss of hearing of much importance compared to the loss of vision, and yet, judging from observations, it seems that they do not value the organs of vision as highly as those of hearing; they do not hesitate to let any one "tinker" with the eye, regardless of his qualifications. Of the servants who represent the public in their relations to the deaf, the teachers have been provided with some surroundings and conveniences for the successful prosecution of their work, and they are making good progress. A State Hospital properly constructed and properly managed so as to better provide for the treatment of the blind, and to care for the deaf, before they are sent to the State Institution for a long term of instruction, would be a benefit to the unfortunate and to the public, by improving the condition of the one and saving expense to the other.

MEDICINE AND THE PRESS.

THE observer, if a medical man, will notice with no small degree of satisfaction the goodwill and goodfellowship that exists between individual members of the

several events have been individual drawn to his attention, and the relation bears next comes toward his attention to the influential of his an extreme degree that the foremost cherishes such a regard. But should a member of our place as not to of mutual admiration selfish motives, but the flattering not appear in the column placed there at a rather than from the press to express real merit. But, will occasionally tion is secondary cumstances of an importance to the sincerity of the sionally other circumstances not it happened not member of the in the esteem of made such an in the worthy men they, spontaneous other, and in common will and goodfellowship so far interested long time in so elaborately written tails, of some of ments, that accites. The profession itself upon its esteem of the men

If some outsider (one living outside boundaries of our state), should occasionally throw a little mud at us, weuld ignore the insult in a manner be- ing our dignity.

R. AUSTIN FLINT, Jr., adds four more s of diabetes to the fifty-two reported he American Medical Association. patients were placed on strict anti- betic diet and Clemens's solution of anite of bromine, beginning with three ps, increased to five, was also given. these four cases three were perma- tly relieved. In conclusion he adds, *abetes has become to-day a disease ily and certainly curable, provided it the treatment be not begun too late."* *Louisville Medical Times.*

DR. F. H. BOSWORTH reports, in the *dical Record*, that on applying a two : cent solution of cocaine to the al passages, the venous sinuses below mucous membrane became, within enty or thirty seconds, so rigidly con- cted as to expel all the blood contained them, and to cause the membrane to ig closely to the bony structure which n becomes sharply outlined. He has d the drug in hypertrophy of the al mucous membrane (*nasal catarrh*), te *coryza* and in operations for nasal *ypus*. In each case the venous con- tion or turgescence was so thoroughly t down that all discomfort was re- ved, and in the case of polypi not y the recognition and removal of the wth became quite easy, but also turned a bloodless operation.

CNE is often reflex from urethra irri- on. Dr. S. Sherwell obtained marvel- improvement in the faces of two ents, after long treatment had failed, assing cold sounds every third day. urethra was found sensitive, especi- at about the junction of the mem- ious portion with the prostatic.— . C. and V. Dis.

FOR SALE.—Residence, with garret, five rooms, office, large dining-room, kitchen, and cellar (in all ten rooms). There are three porticos attached to, and good sidewalks around, the house. Pump, with drains, in the kitchen. A coal and cyclone protection, under the sidewalk, bricked and arched, with an entrance from the dining-room. Also a one hundred barrel cistern and good well. Good barn for four horses and five tons of hay, buggy and cutter shed, and corn crib all under one roof. Five lots. Practice worth from two to three thousand dollars a year. Price \$2,500; a rare chance for one of the best locations in central Iowa. Address, Dr. Geo. Stitzell, Nevada, Story county, Iowa.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, December 1, 1884.
Movement of population for November:

	Men	Women	Total
Remaining, October 31.....	338	279	617
Admitted, curable cases...	1	3	4
Admitted, incurable cases..	10	6	16
Whole number treated...	349	288	637
Discharged, recovered	0	1	1
Discharged, improved	4	1	5
Discharged, unimproved...	3	1	4
Discharged, died.....	1	2	3
Remaining, November 30 ..	341	283	624

Yours respectfully,

GERSHOM H. HILL, Supt.

CARBOLIC ACID IN AGUE.—The recommendation of a more frequent trial of sub-cutaneous injections of a one-per-cent solution of carbolic acid was made recently by M. Dieulafoy at the Societe Medicate des Hopitaux. He had employed the method in an obstinate case of tertian ague. The remedy, which is by no means new, is employed twice or thrice daily, in doses of from two to three centigrams, of the solution above indicated.—*Lancet.*

THE
IOWA STATE MEDICAL JOURNAL
A MONTHLY JOURNAL OF MEDICINE AND SURGERY
VOL. II. DES MOINES, IOWA, FEBRUARY, 1885.
ORIGINAL ARTICLES.

LEUCOCYTHEMIA.

BY J. M. BALL, JR., M. D., WATERLOO.
[Late Interne to Mercy Hospital, Davenport.]

LEUCOCYTHEMIA — White cell blood.
Bennett.

LEUCÆMIA — White blood. *Virchow.*

By the preceding names, we understand a chronic disease characterized by an excess of white blood globules, by enlargement of the spleen, liver and lymphatic glands, often attended by changes in the bone-marrow and terminating in death.

As a distinct disease, leucocythemia was not recognized till 1845 when Hughes Bennett and, shortly after him, Virchow described it. Four years later the first case was diagnosed during life by Julius Vogel.

The causes are obscure; race, age and heredity have no influence; as to sex, the male is to the female as 2 : 1. The causes mentioned by Mosler in the eighth volume of Ziemssen's *Cyclopedia* are chronic intestinal catarrh, syphilis, traumatism and intermittent fever. Chronic intestinal catarrh, says Mosler, by leading to hyperplasia of Peyer's patches, and the solitary glands, from which the morbid process spreads, may give rise to this disease. This view necessarily presupposes that the Peyerian patches are appendages of the great lymphatic system, as was announced in 1850 by Brucke. Intermittent fever, he believes to be a rare factor producing eight out of one hundred and twenty-four cases.

On the other hand, and fifty cases analyzed by fourth either had ague or an ague district. Trousseau disease most frequent among and badly lodged, the predicted to excess in alcoholic persons placed under unfavorable surroundings." He necessary connection between poisoning and leucocythemia small-pox, typhoid fever, rheumatism, pneumonia are said to be differences of opinion exist among standard writers and our observations force us to agree with Trousseau when he said that "information has as yet been given of the causes which give rise to the cases which we call leucocythemia." The symptoms of the disease can be studied with the following case.

Carl Stein, a strong blue haired man with a blue nose, born in Germany and twenty-five years of age, had been in the United States for five years. He had been sick one year and was admitted to Mercy Hospital on May 31, 1883. His past history was good and he had never had any fever, nor any of the symptoms of his disease. No history of any injury or of any disease was ascertained. Patient worked as a farm hand and had no indication of disease except weakness which was increased by ascities. He consulted a physician who detected a cardiac murmur and prescribed Digitalis and

(1) Quain's Dictionary of Medicine, page 820.

(2) Trousseau, Clin. Med., v.

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which treatment he improved. Several months the patient was lost and his history during that time known. When admitted to the hospital, he was spitting blood which from swollen and ulcerated gums; pulse was rapid and full; temperature one hundred and one degrees, Fahr., ur, p., m.; ankles were oedematous, covered with profuse perspiration there was a peculiar offensive odor about him.

In the substance of the skin, on the neck, chest, and abdomen, were numerous button-like lumps varying from one-half to one inch in diameter; they were of a purple color, flattened, painful on pressure and movable only as the skin moved; they had been present four weeks, having been preceded by enlargement of the abdomen, and were caused by extravasation of blood into the cutis vera.

The abdomen had been enlarging for three or four months, was hard and tense and measured forty inches in circumference at a point midway between the xiphoid appendix and the umbilicus. The superficial abdominal veins were enlarged and tortuous, showing obstructed portal circulation. By inspection and palpation the abdomen was found to contain two large masses, the right being the liver and the left the spleen. The liver was smooth and enlarged, extending three inches below the false ribs at a point corresponding to the mamillary line. The notch on its anterior border separating the right from the left lobe was plainly felt. The spleen was smooth, hard, and slightly movable, extending downwards to Poupart's ligament and one inch to the right of the umbilicus. Both these organs were painful only when pressed on, but by their weight (size caused dyspnoea, irregular circulation and inability to lie in any position) the dorsal decubitus. The apex of the heart was in the fourth intercostal space and at the base, a soft blowing murmur was audible. The sounds over the entire part of the chest were exaggerated and transmitted over the cervical, axillary and inguinal regions. The pulse was slightly enlarged. The urine was normal in amount,

light colored, acid, with specific gravity 1012 and contained albumen and large excess of uric acid. Appetite and digestion were good and he had not lost flesh. Such was the condition of our patient when admitted. His subsequent history is soon told.

There was always elevation of temperature but of no special type; petechial spots appeared on his wrists and ankles; the lymphatic glands increased in size, mastication and deglutition became painful, aphonia followed and a few days before death a pustular eruption covered his ears, scalp, and face. There was profuse sweating and great vascular excitement, the dyspnoea increased and mucous rales were heard over the left chest.

Good food stimulants, ergotine, tannin and gallic acids and quinia failed to afford more than temporary relief. He died by asthenia, June 12, 1883.

Post mortem examination, four hours after death.

No apparent emaciation; there was fat beneath the skin or in the omentum. The mesenteric glands were as large as pigeon eggs, hard and fibrous. The spleen was smooth and hard; it was twelve and one-half inches in length, seventeen inches in circumference and weighed seven and one-half pounds. It extended from a point corresponding to the nipple into the iliac fossa and to the right of the median line. There were adhesions but on the outer surface two spots, one reddish, the other light yellow color, doubtless the result of a local peritonitis.

The liver was enlarged, of a fibrous consistence, adherent to the diaphragm and weighed ten and one-half pounds. After two quarts of blood had flowed from it. The hepatic veins were three-fourths of an inch in diameter; the size of the portal vein was diminished by enlargement of the glands at the transverse fissure. The portal and hepatic veins were full of coagulum which were peculiar in this, that the upper one-half of each coagulum (lower half) was of a yellow color and resembled pus, while the lower half was of a chocolate color. These peculiarities were due to the difference in sp

gravity between the leucocytes and red blood globules.

The stomach was placed obliquely being compressed between the liver and spleen. There were chains of enlarged glands, outside the organ, along both curvatures; and in the coats, at the greater curvature were two nodules, each the size of a hickory nut.

The kidneys were normal in size; the pelvis of each contained adenoid tissue. The pericardium was the seat of serous effusion.

The heart was of normal size; on the upper part of the right ventricle were two yellowish masses of adenoid tissue; they were flattened, inseparable from the muscular tissue and each was the size of a dime. The valves were normal. The aorta was surrounded by enlarged black, bronchial glands.

The lungs presented nothing of interest.

The cerebral veins and sinuses contained coagulated, puriform blood. The brain itself was swollen and cedematous. The bone marrow was not examined.

These specimens can be seen in the museum of the Medical Department of the State University.

Two great facts must be kept in mind in studying this disease; first, the excess of leucocytes; second, the overgrowth of adenoid tissue. Whether the excess of leucocytes be the primary change and take place in the blood, as maintained by Kottmann; or whether a lymphatic organ becomes hyperplastic and produces the blood changes, as claimed by Virchow, is beyond our ability to decide.

Diagnosis—In the later stage diagnosis is not difficult, but early in the disease there must necessarily be great uncertainty as to its nature. In the case just reported an anaemic murmur was thought to be due to organic disease; and the breathlessness, pallor, want of strength, and ascities were said to be secondary to it. In this stage, also, leucocythemia may be mistaken for chlorosis and ordinary anaemia. It is in these cases that the microscope and the hæmacytometer are of great value. No rule can be adopted as to the proportion of white to red corpuscles necessary to con-

stitute this disease; Magnus Huss says one to twenty was correct but more reliance is to be placed on a progressive increase in the amount of leucocytes than on any proportion. In advanced cases with enlarged spleen, liver and lymphatics, it is possible to confound this disease with lymphadenoma, Hodgkin's disease, the adenia of Trouseau. This disease commences with enlarged lymphatics; the spleen and liver are next affected and the anaemia secondary and there is no marked excess of leucocytes. It would seem incredible that a leucocythemic spleen could be mistaken for an ovarian tumor, yet such an instance has come to my knowledge.

The prognosis is absolutely and invariably bad. Those conversant with the literature of this subject may call attention to the reported cures by G. B. Wood, Mosler, and others. Wood in his work on Practice gives less than a page to the disease and cured his patient by blue mass and blisters! Mosler devotes thirty-three pages to leucocythemia, claims to have seen twenty-one cases and tells us that it "is not in the least to be regarded as an incurable disease." After wading through those pages, one cannot but feel disgust for German speculation and verbosity.

An opinion as to the duration of the disease must be given with caution for these patients eat well, talk rationally and are able to walk almost up to the moment of death. Furthermore, there is a look of plumpness about them that may misguide a superficial observer.

The treatment of a disease of which the nature and cause are unknown is mere speculation or at best symptomatic. Good food, stimulants, quinia and iron are indicated on general principles, while the hemorrhages call for ergotine, tannic and gallic acids. Electricity and ointments of mercury and iodine have been applied over the region of the spleen with supposed benefit.

It is strange that splenectomy has been recommended in these cases when it is known that spontaneous bleeding takes place from the mucous membranes. If advocacy is based on the theory that the spleen is the organ producing the excess

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es, but practically the results Dr. Harris' able review of a h on splenectomy by Franzo- tian surgeon, shows that out sen cases in which the spleen oved for this disease, eighteen died.

GALVANO-CAUTERY FROM A NEW SOURCE.

J. E. CRUTTENDEN, M. D., DES MOINES.

THOSE, who have had occasion for the frequent use of the galvano-cautery, have found that even the batteries furnished by the best manufacturers have in them certain difficulties to overcome; difficulties that require much care and attention and even with this care and attention they, at best, are unreliable and not easy to control. It often happens, when the surgeon has prepared his patient and made the other necessary arrangements, that the current generated is so limited and irregular that the platinum electrodes remain at white heat but a few seconds and then cannot be heated again, or reach only a red heat, and this, only when the smaller wires are used. The writer has experimented with batteries of different makes, the best of which, one, manufactured by the McIntosh Battery Company, Chicago, in which the plates were of platinum and carbon, and which gave considerably better results than the ordinary zinc and carbon batteries, is open to the same objections, although in a less degree. The difficulties ordinarily experienced are of two kinds: one, impurities in the zinc causing short circuits and imperfect action, and requiring repeated and frequent amalgamation with mercury; another, constant changes in the strength of the acid; and, when these difficulties arise, it is necessary to keep up a visitation, for which an assistant is in order to prevent polarization. These difficulties, together with the expense, undoubtedly a common cause to limit the more general use of the cautery. The writer, after having experimented somewhat, has succeeded in overcoming all of these difficul-

ties, and has been able to add complete control over the quantity of the current and also to obtain a uniformity of the electro motive force. There are two serious objections that will prevent this battery at present, coming into general use; it is not portable, and it requires the surgeon's location to be near a dynamo, for lighting or motor power, that furnishes electro-motive force as low as that of the Edison system. The application of the battery, if we may extend the meaning of the word, embraces five distinct elements as factors: The generator, the conductors, the resistance box, the switch, and the connections to the electrode. The current is generated by an Edison dynamo, such as is used for ordinary lighting purposes. The conductor, a No. 10 (Birmingham gauge) copper wire, is connected to an ordinary main of the Edison Central Station Lighting System, and carried to the resistance box, which is two feet long, eight inches wide, and nine inches deep, with numerous perforations for ventilation on all sides. This box contains one thousand eight hundred feet of iron wire, No. 18 (B.), arranged in spiral coils, forty-three in number, each forty-two feet long. These coils, are arranged in series as follows: Two series, having six coils each, with a conductivity and resistance equal to a No. 11 iron wire; four series, of four coils each, arranged as above, and each, equal to a No. 10 wire; five series, of two coils each, equal to a No. 16 wire; and five series, one coil each, etc., equal to a No. 18 wire. Making in all, sixteen series.

These series, are so connected up that any number of them can be thrown in or out of the circuit by means of a switch that has a direct connection, through copper wires, to each one of these series. The switch has, also, connections that will cut out the entire current. The series are so arranged, in the resistance box and connected in the switch, that when the current is first turned on, it reaches the platinum, it is only sufficient to moderately heat a large size electrode. The series having the greatest resistance and the least conductivity first turned off, then those having

next greatest resistance and least conductivity, etc., thus increasing the quantity of the current and diminishing the resistance in a greater ratio than the ratio of the same sized wire to its length. This provides, by the increased area, for the different sizes of platinum wire without increasing the heat of the resistance box.

The connection to the electrode is made by a single cable, containing duplex wire, to which any ordinary form of electrode handle can be attached. The practical working of this application obtains the following results: a low tension current, not at all dangerous; a uniform current, under complete control, that will keep an electrode at any heat below the melting point for any time; a simple mechanism that requires no assistant; and an economy in time, material, and first cost; the last, is very great, compared with the ordinary battery.

It should be borne in mind that the current from *any dynamo* will not do, it must be *low tension*; that of the current used in the above, is one hundred and six volts. The mechanical appliances in this battery are crude, and open to many improvements, but the principles will solve the difficulties of the Galvano-Cautery for all who are so fortunately located as to give it a trial.

CREDE'S METHOD.

BY WM. L. ALLEN, M. D., DAVENPORT.

It may seem superfluous to most active practitioners to mention anything about the expression of the placenta, because the practice has become so common; but the article by Dr. Merrill, in the REPORTER, Vol. II, No. 4, contained the following, to which I wish to take exception, for it misrepresents and misapplies Crede's method; in discussing the management of the placenta in *premature labor* he says: "There is Crede's method, which is something like taking hold of a cat just above the pelvis and trying to squeeze her out of her skin. Doubtless it might be accomplished, if one would squeeze long enough and hard enough."

In most cases of *premature labor*, there are conditions present indicating, as Merrill says, "bold, prompt and judicious measures," and for these the express method would be utterly inadequate, it was not for such cases that the procedure was proposed and adopted; in these cases there are such intimate relations established between the uterus and placenta, little if any fatty metamorphosis of the decidua serotina having as yet taken place, that it is only natural to expect that in this *premature separation* there may be a laceration of the placenta, and the retention and adhesion of a piece or pieces of the same, which can be more safely removed with the finger than by any other way. Crede's method is advised and adopted, in labors at term, in most obstetrical hospitals for the following reasons:

First. It is desirable that the patient's mind be relieved from that anxiety which is unnecessarily prolonged in passively waiting for the expulsion of the placenta and that she be made comfortable as soon as possible.

Second. It is desirable that the uterus, which is frequently in a condition of atony, be assisted or caused to contract firmly, and that, after having expelled the placenta, membranes, and clots, it remain firmly contracted and the danger from post-partum hemorrhage eliminated. In the lying-in wards of the Vienna General Hospital, the midwives are instructed to wait fifteen or twenty minutes after the completion of the second stage, and if the placenta is not spontaneously expelled to express it, which they do easily and speedily during a pain; the placenta and membranes are received in a basin which is marked with the case number, and set aside for inspection by the Internes; the patient is made comfortable with dry warm sheets, and as soon as the child is washed and done up, is conveyed to another room.

In Carl Braun's reports, out of 61 cases of labor occurring in his ward during sixteen years, I can only find mentioned in the post-mortem records thirty-six cases that could be ascribed

hage, and twenty-six of these ruptured the uterus was present as the cause of hemorrhage.

During a stay of more than a year in Iowa, I can remember but one case of post-partum hemorrhage, and that occurred in a patient brought into the hospital twenty-four hours after delivery by a midwife; and just here let me add protest against the unlicensed increase of midwives in this country; in many midwives are obliged to pass a re-examination, have the most lavish opportunities afforded them to perfect themselves in their line of work, and are nevertheless only allowed to operate under certain conditions, yet in spite of this, cases are constantly being related of the most fearful and shameful violence and neglect on their part; it may come to pass here, without a demand for examination or license, and our limited means for perfecting education of midwives, is something impossible to contemplate. Expression of placenta is very generally practiced everywhere, and the official instructions to midwives decidedly favor this plan. Alfred criticises Crede's method severely, but with such flagrant untruth and misrepresentation that one cannot but doubt his reliability.

Although methods of expression of the placenta have been practiced for years, among the Indians, and certain modes have been in vogue in Dublin nearly forty years, still it was Crede, who brought the matter forcibly before the profession in 1853, and in a recent issue he says, "that he still holds the opinion that the speediest possible delivery of the placenta, and consequent completion of labor is the best practice, but does not wish to be understood to amend the first, or any particular mode or time at which such expression should take place, "however, in my experience taken from careful records of a large number of cases, I have found the best and safest time for the expression is coincident with the third or fourth pain, and would be on an average about five minutes after the delivery of the child."

Dr. Richard Lumpe, formerly Speeth's assistant, in a very excellent article on the physiology and pathology of the third stage, states that the Crede method is best and easiest undertaken, no pathological conditions existing to indicate other practice, at a half hour post-partum in the infant. It seems to me, that the conditions calling for the application of this method in hospital practice, are quite as prominently present in private practice:

First. When properly applied it assists nature by stimulating or exciting contraction, and when necessary by actually supplying force and support to the atonic muscular walls of the uterus.

Second. It relieves the patient of a great amount of discomfort and anxiety.

Third. It diminishes to a certain extent the liability to post-partum hemorrhage.

Fourth. It saves time to the busy practitioner.

A WOMAN'S HOSPITAL FOR IOWA.

BY J. W. SMITH, M. D., CHARLES CITY.

It has been the policy of Iowa to provide for all classes that are not able to provide for themselves; as in the several institutions for the insane, deaf and dumb, blind, feeble minded, etc. This is in accordance with the humane and utilitarian spirit of the age. The expense is considerable, but, being evenly distributed, it is not severely felt, and all such needy classes within the state now receive benefits that, otherwise, could only be obtained by the rich.

While it is not wise to multiply charitable institutions unnecessarily, it appears that there are frequent cases of diseases and injuries peculiar to women that could be treated so much more successfully in a well managed hospital, than in many homes by the average physician, as to justify a State Hospital for Women. The successful work of woman's hospitals elsewhere is sufficient evidence of the great good that they have already accomplished.

The subject should be agitated, and the medical profession can do more than any other class to convince the public of the wisdom and need of such additional state institution. It would take an occasional patient out of the hands of the medical practitioners of the patient's locality, but physicians who honestly and intelligently labor for their patient's recovery, will not object, but rather rejoice at her more sure and speedy prospect of recovery by the change. The better class of physicians have nothing to fear, but much to gain by the aid of such a hospital.

When the people are convinced of the need of a woman's hospital, petitions to the General Assembly will be in order, and it is to be hoped that at no distant day the class directly interested may receive the benefits of such hospital treatment.

SELECTION.

NOTES ON THE INDICATIONS FOR THE USE OF THE PESSARY.

BY WALTER P. MANTON, M. D.

[Read as an opening to a discussion before the Detroit Academy of Medicine.]

AMONG the labors of Hercules, we read that he drained the Augean stables, which had escaped that process for thirty years, by turning the rivers Alpheus and Peneus through them.

In attempting to answer the above question to-night, we have a task before us greater than that of Hercules, and although we may turn on all the flood of literature which has appeared on this subject during the past decade, it is hardly to be hoped that at the end we shall have made more than a little progress toward the answer of the inquiry.

We may have great book-learning on the subject, or we may be possessed of that *tactus eruditus* which is so desirable, and yet, if we have not a combination of the two, with a flavoring of experience, it avails us nothing.

We may answer this question roughly by saying that the pessary may be used in all cases where, by means of leverage

or support a displaced uterus, which will yield to no other rational treatment, may be rectified, or at least remedied as to position, to that extent that it will not interfere with its own or the normal functions of other parts.

We can go still farther, and say that it may be used in cases where other parts or organs are displaced, thus producing conditions which act more or less directly upon the uterus, and tend to cause pathological changes in that organ. Having gone this far, we must stop and distinctly understand that no "hard and fast" lines can be drawn in regard to the use of this instrument, and that at most we can merely indicate the class of cases in which it may prove of service, leaving the decision of its application to the experience and judgment of the practitioner. It seems to me that it is not sufficient to be able to say after bimanual examination that the uterus is verted or flexed one way or the other; but we should endeavor from the evidence furnished by the history of the patient, her habits of life, etc., to get at the factors which have produced the displacement, and direct our treatment, not only to the uterus itself, but also to the root of the evil. There are a great many agencies at work in our modern civilization to produce uterine displacements, or at least those conditions of the uterus which sooner or later result in such displacements.

The inactive life led by the majority of women in the higher classes; corsets and tight lacing; overheated rooms and little outdoor exercise; soft lounging chairs, and the popular novel; with many other like "refinements" might be mentioned. I am fully convinced, also, that over-work at school just at puberty, when the physical life demands all the strength which the young girl has, is one of the greatest evils in producing uterine disease. It is a well-known physiological fact that activity of an organ gives rise to an increased blood supply to that organ, a supply which, for the time being may produce, not anæmia, but a very reduced circulation in other parts.

This great amount of mental work which, in these days of cram, the school girl has to perform, flushes the brain with

o the detriment of other, and at
 od of life, more important organs.
 , the uterus and ovaries. For the
 s just mentioned the organs of gen-
 n are poorly developed, and a condi-
 hich Grailey Hewitt has aptly called
 ine starvation" is produced. We
 all seen what a difference complete
 tal rest, country air, and physical ex-
 ie, with a plenty of milk, eggs, and
 er, has made, not only in the appear-
 and spirit of such a girl, but also in
 beginning menstrual life.

nother fruitful source of displace-
 it is the failure of uterine involution
 r parturition. There can be no doubt
 t conditions before marriage, a very
 of which I have just hinted at, tend
 ause this. In many other cases indis-
 tions on the part of the patient or her
 lical attendant during the puerperium
 l to subinvolution and subsequent dis-
 cement of the womb. Endometritis,
 , by softening the tissues lead to ver-
 is and flexions, while inflammations
 he parametrium and the various uter-
 ligaments are *frequently* the cause of
 se conditions.

terine and extra uterine tumors and
 y other conditions, which need not be
 ationed here have an influence in pro-
 ing displacements. In considering the
 isability of using a pessary in a given
 , we must consider what *good* the in-
 nment is going to do, and also what
 n it *may* do. The indications when a
 ary *should not* be used have been suf-
 ntly set forth in my paper on the use

abuse of the pessary, but in order
 ; they may be before us in the discus-
 of this subject, I will briefly repeat
 e of them.

he pessary *should not* be used:

first. If there is inflammation about
 uterus, or a tenderness of the fundus
 he displaced organ. Here preliminary
 tment is necessary before resorting
 echanical means for replacing or sup-
 ing the uterus.

second. Adhesions should, by proper
 tment, be broken up before attempt-
 to replace the womb. There may be
 ain rare exceptions to this rule, as in
 case mentioned last week by Dr. An-
 vs, and even here other treatment

might, perhaps, have effected more than
 the partial support afforded by the pessa-
 ry. If adhesions are not attended to first,
 the result will generally be anything but
 encouraging to the physician.

Third. Where vaginal erosions or in-
 flammation are present.

Fourth. Where a prolapsed ovary is
 bound down by adhesions. Here pressure
 from a pessary causes pain.

In thus determining the use of the
 pessary by exclusion, we have left all
 cases where the displaced organ is free—
 a condition unfortunately too rarely met
 with. By raising an antiverted or flexed
 uterus, we remove pressure upon the blad-
 der, and enable that organ to perform its
 functions normally. I have known cysti-
 tis caused by the irritation produced by
 an antispoused uterus to be cured by the
 use of an antiflexion pessary.

In retro-positions we may have pres-
 sure upon the rectum, constipation, and
 hemorrhoids, inflammation, ulceration,
 and even perforation of the bowel. If
 any or all of these are to be cured, the
 pressure must be taken away; and for
 this purpose the pessary is just the thing.

Great pain, and even convulsions pro-
 duced by the pressure of the uterus upon
 the sacral nerves are relieved and perhaps
 permanently cured by means of the sup-
 port.

A case in point is the one I mentioned,
 in the discussion last week, where the pa-
 tient, a woman about thirty-five years
 old, was cured of convulsions by the re-
 position and support of a retroposed
 uterus.

In prolapse of one or both ovaries, a
 bulb pessary which will prevent the ovary
 from getting behind the uterus, and thus
 being subjected to pressure, will earn for
 the practitioner a grateful patient.

In prolapse or sagging of either or both
 walls of the vagina, a pessary may pre-
 vent a displacement of the uterus and all
 its sequelæ. These two last statements
 explain what I meant when I said that
 the pessary may be used in cases where
 other parts or organs are displaced, and
 thus produce conditions which act more
 or less directly upon the uterus.

In early pregnancy, if we find a retro-
 posed uterus, the adjustment of a pessary

—the organ having first been replaced, in the knee-elbow position—until after the third month, when the uterus has risen out of the pelvis, may save the patient much suffering, and perhaps an abortion, or even death.²

The relief which a pessary affords to a patient with a greatly engorged retro- or antro-displaced, or a heavy sagging womb cannot be placed on paper.

As a means of aiding treatment in uterine diseases the pessary plays an important part.

Whether uterine displacements can be cured by mechanical treatment alone, I am unable to say, as my own observations have been mostly confined to dispensary patients, a class appearing and disappearing as soon as relief, or otherwise, is observed.

Consulting the works on diseases of women, I find a general acknowledgment of the great service rendered by the pessary; but as regards the curability of displacements, there is a like reticence. Dr. Munde, in an article in the *American Journal of Obstetrics*, Vol. XIV., p. 289, discourses at length on this subject, and is rather inclined to doubt the curability of displacements, either by mechanical or other means.

Whether or not this is true, we do know as a positive fact that a very great amount of suffering is relieved and done away with by the proper use of this instrument.

In the foregoing remarks I have only sought to direct your attention to certain points in regard to the use of the pessary. I do not think that I have in the least degree answered the question which interests us this evening, I might say much more, but in the end it would be the same.

The whole use of the pessary cannot be told—it is a matter of individual experience, and one man will use it with success where his neighbor would not have thought of it.

In closing, I beg to append a single case which will illustrate two points:

First. The mischief which may be done by the improper use of the pessary.

Second. Intelligent Mrs. C. Menstrual, no child, and necessary duration of patient months after fell down, result being throughout. Since that external and summer (1880) sion and a following months with. She complains the back—pains.

Physical exerted uterus about six weeks, sisted largely to break up the be replaced, a sion pessary v after the pati improved," wi time to time, sary might 1 *Lancet*.

SOCIE'
MITCHELL

THE twenty-Mitchell Count with Dr. A. H. dence, Wednesday, large number many ladies. 7 features of the with profession harmony all the extreme cold and bers living at a be present.

(2) On this subject see Tanner. Signs and Diseases of Pregnant

of the president, Dr. Fel-
le, and of the vice-presi-
of Stacyville, the society
rder by the secretary, Dr.
nd Dr. Blackman chosen
tem. The records of the
he year were read and ap-

ie society, Dr. Fellows was
ead his annual address at
al meeting of the society in
ace for holding it was left
tary.

e business of the society
ie report of cases was de-
er.

hase reported a case of semi-
natism in himself, in which
ng fluid extract of Manaca a
e it appeared to relieve he had
a specific.

Moore said that fluid extract
ie had succeeded better in his
Manaca; or, in fact, than any
y.

man said that the Phos. Am.
ght grain doses, in solution,
five times a day, continued,
he best remedy that he had

it considered salicylate of
doses, the best remedy we
e rheumatism, but the gene-
n was that when this "nip-
medic it treats him much as
inary mortal, to which the
ided, amen.

ian reported a case of should-
on which he met a few days
doctor said he had little dif-
fing one foot and turning.
ot he could not find readily
the child forward with such
id, carefully guarding, as he
t the chin should get caught
ubes. When he thought all
lenly found the door latched
b-piece gone. Considerably
for a moment, as every one
fix has found himself, the
ie that sharp flexion of the
he maternal abdomen might
chin. A trial proved the im-
e, enabling him easily to de-
ld; child had been dead for

sometime. The case gave rise to much
discussion, in which some of the older
members related peculiar experiences in
such dilemmas. Dr. Whitley reported a
similar case he had met in consultation,
where the flexing process was a grand
failure.

Dr. Frank M. Moore reported a case oc-
curring in his hands a few days before in
which a prolapsed funis gave him great
trouble. He said the joy he felt when a
terrific pain brought a living child with
the funis, could scarcely be measured.

Dr. Whitby reported a case of twins he
had the pleasure of delivering the week
before in which there was an entire and
perfect placenta, with a thin, veil-like sep-
tum between the children. He also re-
ported another case in which the placenta
and cord were almost gangrenous in ap-
pearance, caused, in his opinion, from a de-
tached placenta during or just before the
commencement of labor. The child was
apparently dead when born, but was re-
stored.

Dr. Frank W. Chase, Osage, was chosen
president for the ensuing year; Dr. Mor-
ris L. Cutler, Riceville, vice-president;
Dr. S. B. Chase, Osage, secretary; Dr. W.
F. Cobb, Mona, treasurer.

Drs. Blackman, Whitley, and Gable
were chosen censors; Drs. Rolfe and
Gable delegates to American Medical
Association, New Orleans; Drs. Black-
man and Bundy delegates to Iowa State
Medical Society, Cedar Rapids. The sec-
retary was empowered to substitute, if
those chosen cannot go.

A unanimous vote of thanks was given
Dr. A. H. Moore and wife for the sumptu-
ous and excellent dinner served the soci-
ety—all present declaring the session one
of the most pleasant and profitable they
had ever attended.

Attest:

W. W. BLACKMAN,
S. B. CHASE, Sec. Pres. pro tem.

At a meeting of the Mercy Hospital
Board held at Davenport, Dr. J. J. Tom-
son, was elected president, and Dr. Wil-
liam L. Allen, secretary, for the pres-
ent year.

THE IOWA STATE MEDICAL SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, January 1, 1885.

The twenty-ninth annual session of the Scott County Medical Society was held at the Academy of Sciences, January 1, 1885.

The president, Dr. McCowen, in the chair.

After routine business, reports of committees, etc., the treasurer, Dr. C. H. Preston, made his annual report.

The next order of business was the election of officers for the ensuing year. Dr. McCowen having already been re-elected to a second term, an honor but twice before conferred in the history of the society, and having declined being a candidate, Dr. J. H. Kulp was unanimously elected to the presidency, with Dr. Wm. F. Allen as vice president. Dr. D. P. Maxwell was re-elected secretary without a dissenting voice, and Dr. Preston re-elected treasurer for the sixth term.

Dr. McCowen introduced her address proper, by a brief resume of the year's work in the society. It was shown that within that time, five additions had been made to the membership. The new by-law requiring an inaugural thesis of new members had worked well; that instead of adjourning during the heated term as usual, meetings had been held during the entire year with three special meetings in addition; that eleven papers had been subjects of medical importance had been read in the society and afterwards placed before the profession in the MEDICAL REPORTER, a journal sustained by the profession of the state; that the "proceedings" of the society had appeared regularly in the REPORTER. A memorial has been presented to the legislature in behalf of the chronic insane; the treasurer has reported the finances in good condition with a larger balance in the bank than for eight years; five dollars having been given to the sewer fund of the Academy and twenty dollars towards Dr. Farquharson's picture. There had been during the year an attendance fully up to the average and an encouraging and increasing interest in society work

from which justified ing the do so that the custom of their president say the any disa society, expreciation of the consideration of the gentlemen of ception, and the manner in which her efforts as pre ceeded to read the in which she cons it a Disease?"

Drs. Middleton pointed as a com new president an chair.

Dr. McCowen words introduced the presiding officer Dr. Kulp responded society for the bestowed, promised power for the society.

The twenty-nin declared adjourne

JEFFERSON C
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FAIR
Editors Iowa Stat
GENTLEMEN—A
the Jefferson Co
held January 20,
unanimously pass
regulation of the
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similar action in t

THE IOWA STATE MEDICAL REPORTER.

WAR VALLEY MEDICAL ASSOCIATION.

WATERLOO, January 6, 1885.
The New Cedar Valley Medical Association met in semi-annual convention,

Members present: Drs. Morrison, of Waverly; McClure, of Dubuque; Fullerton, of Raymond; Smith, of Charles City; Pierce, of Cedar Falls; Crouse, Fullerton, Ball, Ball, Jr., Knox, and Chase, of Waterloo.

Drs. Oscar Burbank and Wm. Boys, of Waverly, Dr. Geo. Minges, of Dubuque and Dr. H. W. Brown, of Waterloo, were admitted to membership, and the application of Dr. Everts, of La Porte City, was referred to the committee on membership.

Special committee on revision of constitution and by-laws reported through Dr. Crouse, chairman, and the report was adopted with the exception of a part of the last clause of Art. 3, in regard to membership, which read "and those who have been regularly in the practice of medicine for—years." Consideration of this clause postponed to a future meeting.

On motion, limits of the district were extended to include Jones county.

Paper by Dr. I. P. Morrison on Vascular Tumors of the Urethra, was read, discussed, and referred to committee on publication.

Adjourned until 1:30 P. M.

At the afternoon session Dr. J. M. Ball, Jr., of Waterloo, read a paper on Leucocythæmia, which is presented in the

REPORTER.
Dr. Geo. Minges, of Dubuque, read a paper on Renal Cancer.

Dr. J. W. Thompson, of Minneapolis, read one on Ophthalmology.

The paper by Dr. I. W. Smith, of Charles City, upon Practitioners' Course, was, in his absence, read by the secretary.

All the above papers were discussed and referred to committee on publication. Drs. Knox and Wilson being absent their papers were deferred to a future meeting. Officers elected are as follows: President, Dr. McClure, of Dubuque; secretary, Dr. Chase, of Waterloo. The following committees were appointed:

Revision of fee bill—Drs. Knox, Horton, and P. J. Fullerton.
Finance—Drs. Ball, Jr., Minges, and Wier.

Membership—Drs. Chase, Minges, and Hill.
Standing Committee—Drs. Horton, McClain, and Smith.

Essayists—Drs. Pierce, Horton, and P. J. Fullerton.
Next meeting to be held at Independence, July, 1885.

SOCIETY OF PHYSICIANS AND SURGEONS OF MUSCATINE COUNTY.

WILTON, February 1.
The regular bi-monthly meeting of the Society of Physicians and Surgeons, Muscatine county, was held at the Muscatine House, Wilton, February 5, 1885.

The society was called to order by the president, E. H. King.

Members present were E. H. King, A. Cooling, C. E. Ruth, G. O. Morrill, G. D. Lazott, T. Sherwood, Milo A. S. Merrill, and A. R. Leith.

Minutes of last meeting were read and approved.

The name of W. M. Millen was proposed for membership; the board of censors reporting favorably he was duly elected a member of society.

Dr. Avery read a paper on the cases and its Diseases. He reported cases which had an erythematous tinge, not unlike that of scarlet fever, which appeared over only part of the body and disappeared again in twelve to twenty-four hours; there was no desquamation or albuminuria.

On motion the paper was received and an interesting discussion followed.

Dr. C. E. Ruth read a paper on Cerebral Meningitis.

On motion paper was received and society adjourned for dinner. Society called to order at one o'clock by the president.

Discussion of paper on Cerebral Meningitis, by Drs. Morrill, Cooling, King, and others.

Society adjourned to meet in Wilton, first Thursday in April.

A. R. LEITH

THE IOWA STATE MEDICAL REPORTER.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, January 1, 1885.
Movement of population for Dec. 1884:

	Men	Women	Total
Remaining, November 30...	341	283	624
Admitted, curable cases...	3	4	7
Admitted, incurable cases...	17	8	25
Whole number treated...	361	295	656
Discharged, recovered.....	0	1	1
Discharged, improved.....	5	6	11
Discharged, unimproved....	3	1	4
Discharged, died.....	2	0	2
Remaining, December 31...	351	287	638

Yours respectfully,
GERSHOM H. HILL, Supt.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, February 1, 1885.
Movement of population for January:

	Men	Women	Total
Remaining Dec. 31, 1884....	351	287	638
Admitted, curable cases...	1	3	4
Admitted, incurable cases..	9	6	15
Whole number treated...	361	296	657
Discharged, recovered.....	0	3	3
Discharged, improved.....	0	1	1
Discharged, unimproved...	1	1	2
Discharged, died.....	5	1	6
Remaining January 31.....	355	290	645

Yours respectfully,
GERSHOM H. HILL, Supt.

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, January 1, 1885.
Movement of population for December:
Present, December 1.....253
Admitted during December.... 4=257
Discharged during December... 3
Died during December..... 1
Transferred to Insane Asylum.. 0= 4
Present, December 31..... 253
F. M. POWELL, Supt.

IOWA INSTITUTION FOR FEEBLE MINDED CHILD

GLENWOOD, Feb
Movement of population for
Present, January 1.....
Admitted during January..
Discharged during January
Died during January.....
Transferred to Insane Asyl
Present, January 31.....
F. M. POWELL, Supt.

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, Jan
Report for December, 1884:

Remaining Nov. 30, 1884...
Admitted in December.....
Returned from visit.....
Total under care in the
month.....
Discharged during month..

Daily average.....

Discharged, recovered.....
Discharged, improved.....
Discharged, unimproved...
Discharged, died.....

Remaining Dec. 31, 1884....

H. A. GILBERT, Supt.

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, Feb
Report for January:

Remaining Dec. 31, 1884...
Admitted in January, 1885.
Returned from visit.....
Total under care in the
month.....
Discharged during month..

Daily average.....

Discharged, recovered.....
Discharged, improved.....
Discharged, unimproved...
Discharged, died.....

Remaining January 31, 1885.

H. A. GILBERT, Supt.

THE Iowa State Medical Reporter.

DES MOINES, FEBRUARY, 1885.

EDITORIAL.

SHALL WE HAVE A MEDICAL LAW?

THIS subject is not a new one to our readers and neither will it become old. The REPORTER does not intend to let it remain idle long at a time, until it has become permanently and definitely settled.

Do we need a medical law? In New York, Ohio, Illinois, California, Missouri, Michigan, Minnesota, West Virginia, Texas, and some other states, the necessity for a medical law has been found, and each of them have placed one, on their statute books. Tennessee, Pennsylvania, and New Jersey have awakened to the necessity, and they are trying to get one. While Missouri is trying to better hers through an amendment to her present law.

Is the status of the profession of Iowa one, that needs no law? The State Medical Society, at each of its annual sessions for the last five years, has expressed *feebly* that we ought to have a law regulating the practice of medicine. What that law should be, the framing of it, who it should regulate, how it should regulate, and when it should regulate, has been left to a committee of a few members who have acted at the last hour, without any general consultation with the different societies, or individual members, and without legal advice (judging from the legal bearing of their production). This has always met with the defeat it justly deserved. A subject of such vital importance to the people and the

profession as this, is one that should receive consideration by all interested.

Those conversant with the facts that led to the above statements, can have no difficulty in seeing *why* all past attempts have been failures, and then *should* see the difficulties to be overcome. To those not conversant with them, we should say that some of the difficulties consist of the want of interest on the part of individuals; the want of interest on the part of auxiliary societies; the want of interest on the part of the State Society; and the refusal to recognize the fact, that the public in this, and other states, and that the profession of other states, do recognize that there must exist, at least, two separate schools of medicine, each of which have certain legal rights that must be recognized in all legislation affecting either of the schools, if we wish to avoid "class" legislation that is contrary to the fundamental principles of republican government.

What should be done? In about twelve weeks the State Medical Society will hold its annual meeting. The time is very short for so large a body to become thoroughly prepared to act wisely in conformity with the ideas obtained by interchange of thought with fellow practitioners, and from the experience of other states; therefore it is necessary that prompt and energetic action take place or, as the result from our efforts, two years more will pass by without a medical bill upon our statute books that is equitable to all concerned and that can be enforced.

The REPORTER makes the following suggestions to the several auxiliary societies of the state: that they call a special meeting to be devoted wholly to the discussion of this subject; that they, from this discussion, obtain a written majority and minority report, together with such

individual written opinions as the society may accept; that they appoint one or more corresponding members, who shall immediately correspond with the several societies of the state and obtain their views; that the society select a committee of not less than three, nor more than five members, to meet like committees from the several societies of the state in joint session at the time of the annual meeting of the State Medical Society; that they appoint one delegate to act with like delegates as a special committee to examine and to compare the various written reports, resolutions, etc., of the several societies, and then to report back to the "joint session" the most feasible plan. It will then be easy for the State Society, should it so desire, to supplement this "joint session" by adding a delegation from its members, and also a delegation from the legal profession. In this manner, it would be easy to obtain the views, and the concerted action, of the majority of the better element of the profession in the state. This plan is not only feasible it is simple. It has two objects that should recommend it to general favor. It gives an opportunity for individual expression, that will indicate the feeling throughout the state. It gives each member an opportunity to have his personal interests presented to the next legislature, and therefore, it will make him correspondingly interested into using his influence with the local members of the House.

Under our "society reports" of this issue, the reader will see that the Jefferson County Medical Society has already taken some steps in this direction. It has passed resolutions, and it has started a correspondence with its fellow societies of the state. We hope that this society will meet with prompt responses to all its communications, and that it will

adopt such additional measures as will give it the success it merits.

The columns of the REPORTER are, and will be, open with preference to all communications on this subject.

NOTICES.

THE HYGIENE OF THE NERVOUS SYSTEM AND MIND. By C. H. Hughes, M. D., Saint Louis. Reprint, *Alienist and Neurologist*, January, 1885.

EXTENSIVE BURNS INVOLVING THE CAVITY OF THE KNEE JOINT. By W. H. Daly, M. D., Pittsburg. Reprint, *British Medical Journal*, December, 1884.

ADDRESS IN MEDICINE. By W. H. Daly, M. D., Pittsburg. Delivered before the Medical Society of the State of Pennsylvania.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH. By G. M. Lefferts, M. D. Reprint, *Medical News of Philadelphia*. Published by Lambert & Co., Saint Louis.

This neat little publication sells for \$1, and like all of Lefferts' efforts is good. To the general practitioner its clear, concise, and simple mode of treating the subject makes it worth to them many times its nominal price.

ANNALS OF SURGERY. We are in receipt of No. 1, Vol. I, a monthly review of Surgical Science and Practice. Edited by L. S. Pilcher, M. D., Brooklyn, N. Y., and C. B. Keetly, F. R. C. S., of London, England. Published by G. H. Chambers, Saint Louis.

The typographical appearance is neat and inviting. Its contents are made up of original articles, reports of surgical societies, etc., which are all taken from writings and works of men well known as writers on surgical topics. From the contents of the first number, the profession may expect a valuable addition to literature on surgery.

OBITUARY.

WILLIAM BRAITHWAITE, M. D.

MAIL advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds, on January 31. *The Yorkshire Post* of February 2, contains the following:

He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands, both on account of his knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807 and was therefore in his seventy-eighth year. He was brought up by the Rev. Richard Hale, at Harwood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterward to his equally eminent son, Mr. Thomas Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital. The deceased gentleman began practice in Leeds on his own account in 1830, and filled the post of honorary surgeon to the Eye and Ear Infirmary and lectured at the Leeds Medical School on the diseases of women. In 1840 he began a medical work which has since become widely known. Its title is *The Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. During the last few years his son has been co-editor with him of this journal. He married a daughter of Mr. James Beardoe, of Ardwick Green, near Manchester, by whom he survived. He also leaves three sons.

CAUTION IN THE USE OF COCAINE.

DR. KNAPP (*Med. Record*) says that he injected six minims of a four per cent solution into the orbit close to the posterior segment of the eye ball. The anaesthesia was complete, and the operation and recovery were without any disturbance. During the operation the patient's face became pale. The patient did not, however, complain. Again he injected

five minims of a three per cent beneath a sebaceous tumor the size of a walnut, in the center of the upper lid. The anaesthesia was almost complete, and the somewhat laborious operation passed off satisfactorily, but during it the patient became as pale as a corpse, felt somewhat faint, asked repeatedly for drink and was covered with cold perspiration. In about fifteen minutes the condition, which was in no way alarming, disappeared. Though much larger doses have been hypodermatically injected before general symptoms were apparent, Dr. K. thinks that five or six minims of a three per cent solution may be too much for the orbit. The orbital cellular tissue is so vascular that it resembles cavernous tissue. Liquid injected into it may enter the general circulation more readily than from other parts. In further operations he would inject no more than one or two minims and gradually feel his way.

SOLDIERS' ORPHANS' HOME.

DAVENPORT, January 1, 1885.

Movement of population for December:

Present, December 1.....258
Admitted during December..... 6=264
Discharged during December..... 00

Remaining, December 31..... 264
Of these 115 were girls and 149 boys.

Remarks: All are well and have been since August, 1883.

Respectfully,

S. W. PIERCE, Supt.

SOLDIER'S ORPHAN'S HOME.

DAVENPORT, February 1, 1885.

Movement of population for January:

Present, January 1264
Admitted during January..... 5=269
Discharged during January..... 1

Remaining January 31..... 268
Of these 126 were girls and 142 boys.

Respectfully,

S. W. PIERCE, Supt

A GOOD location for sale, rent, or partnership. Address, Box 117, Glidden, Iowa.

— THE —

IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. II.

DES MOINES, IOWA, MARCH, 1885.

No. 7.

ORIGINAL ARTICLE.

A CASE OF CERVICAL LACERATION, PERINEAL LACERATION AND PROCIDENTIA, WITH TREATMENT.

BY C. F. MARSH, M. S., M. D., MT. PLEASANT.

THE following case is not reported because of anything especially unique in its history or treatment, but to furnish one more illustration of the amelioration which surgical interference may afford to the most deplorable physical conditions, and lift from the slough of despond, those who have for years been hopeless.

Mrs. A, a native of Ohio, forty years of age, of plethoric habit, was confined February 29, 1876, and had the pleasing(?) assurance made at the close of her labor that she was "badly torn." Her convalescence was tedious, no effort being made to repair the rent in the perineum at the time.

Some months afterward, while still nursing her infant, and pregnant as was afterward proven—though not discovered at the time—an operation for perineal laceration was made by two skillful medical gentlemen. Profuse secondary hemorrhage supervened, which prostrated her terribly; this, with inefficient nursing, destroyed the reparative process; superficial ulceration of the labia and nates was added to her other sufferings; as she expresses it, she has endured torture indeed. At the removal of the sutures it was found that a complete failure was the result, and she was in a worse condition than before.

Procidentia now developed, her pregnancy not even temporarily relieving it.

Harnessed with abdominal and uterine supporters, one after another, failing to alleviate or relieve, was cast aside and some new one substituted, until in utter disgust she discarded the whole of them.

Labor occurred at full time and subinvolvement, but added fuel to the flame, the procidentia increased—a dermal condition of the exposed mucous surface developed—rectocele, cystocele, and in short all the evils gregarious, that but wait such a leading, now appeared. For nine years she hopelessly endured; for, those physicians in whom she had confidence gave her no hope of recovery, even our esteemed co-laborer, Dr. Byford (of Rush), gave an unfavorable prognosis, from a written statement of her case presented to him in 1880.

On the fourteenth of January last, I was asked by Dr. A—her step-son—to give, after an examination of her case, an opinion as to the amelioration. Examination revealed the worst case of procidentia I ever saw. The uterus having descended, dragging with it the vagina, a rectocele following as well as a cystocele. The depth of the uterus was $6\frac{1}{2}$ inches. This when the lady was on her feet, hung pendent between her limbs. The transverse diameter of the cervix was 3 inches; and the cervix was lacerated to the depth of more than one inch bilaterally; a perineal laceration extending back to the anus, but not involving the sphincters—with its glistening smooth cicatrized surface, showing the impress of the former operation, was brought into view by pressing back the extended mass into place.

er taking into recognition the con-
ditional vigor of the lady, the fact that
prolapsed could be readily reduced
retained in position with the tip of
inger pressed above the meatus urina-
, and that the infra-vaginal portion of
cervix was one of the main factors in
ring the increased depth of the womb,
gave it as my opinion that the case
ould be wholly relieved by two or three
successive operations; the first of a por-
should be an amputation of the por-
tion of the infra-vaginal cervix; the
second, either Sims' towel shaped nar-
rowing of the anterior vaginal wall or a
perineal restoration. Hoping, that as a
result of the help given to the involu-
tion process, by the amputation of the
cervix, we might have a restoration of
the normal size and weight of the uterus
and that the necessary confinement in
the recumbent posture, for the length of
time incidental to the two operations
might restore the ligaments to their nor-
mal condition so that a third operation
might not be necessitated.

I amputated the cervix on the sixteenth
of January last, having the able assist-
ance of Dr. W. S. Marsh, of this city, and
Dr. M. O. Arnold, of Ft. Meade, Flor-
ida. My operation consisted in passing
a long slightly curved needle through
the cervix just above the line of the pro-
posed amputation, which was $1\frac{1}{4}$ inches
above the os; above this needle, and
er band which so tightly constricted the
blood oozed from the cervix that scarce a drop
the operation was nearly finished,
a small portion of the incised tis-
sue slipped through the band, allowing a
hemorrhage; I now cut off the
about $\frac{1}{4}$ inch below the needle,
straight scissors; then placed ten
re sutures, being careful to pre-
integrity of the os, and drew the
membrane over the cut surface;
twisted and shot the sutures
d with dry absorbent cotton for
four hours. No hemorrhage
occurred after the sutures were
The operation was made with-
esias, and there was no great
of pain. In my experience in

operating upon the uterus, for lacerations
of the cervix, and for enlarging the os
by Sims' method, there is such immunity
from pain from the cutting that anes-
thetics are not required. During the last
three months I have operated nine times
without anesthetics and without com-
plaint of pain or constitutional disturb-
ance. The after treatment consisted of
hot water douches twice daily, from 110°
F. to 120° F.

The bowels were confined by opiates
for seven days, then moved by enemata
of water saponized. On the ninth day
the sutures were removed, perfect union
having occurred.

Menstruation came on a few days af-
terward and progressed normally, the
womb receded three and three-fourths
inches within the vaginal canal and it was
three and one-half inches in depth. Feb-
ruary 4th I made the perineal opera-
tion (using anesthetics); I denuded the
surface with curved scissors, and adjust-
ed four sutures, the longest of which was
two and three-fourths inches. During
this operation the bowels were confined
as before. On the seventh day three of
the sutures were removed. There was
perfect union. On the ninth day four
oz. of warm olive oil were injected into
the rectum, followed in two hours with
an enema of hot water; the bowels were
evacuated easily; the remaining suture
removed; and the pleasing announcement
made to my patient, that a perfect result
had been obtained.

I ordered the limbs to be bound three
weeks longer, the recumbent position
to be kept one week, after which two
weeks of sitting up to be allowed, and
then the patient to be liberated. I gave
earnest precautions as to care in prevent-
ing accidents.

The uterus is retained in situ admir-
ably, and notwithstanding 36 hours of per-
sistent bilious vomiting at the end of the
fourth week, no perceptible displacement
occurred.

In the above, we have two important
surgical operations, giving perfect results
within five weeks. Ordinarily the conva-
lescence from either consumes as much
time.

REPORT OF CASE.

A CASE OF POISONING BY MORPHIA AND ATROPIA.

BY P. J. FARNSWORTH, M. D.

A YOUNG practitioner was called to see Mrs. V, a woman of about thirty, mother of four children. She had been taken with what she supposed to be premature labor pains, not expecting to be confined before two months. It was about midnight. She stated her case and he administered a full dose of morphine, say $\frac{1}{2}$ gr. as the pains were severe. This seemed to quiet the pains and he portioned out five powders containing as he judged one-eighth grain of morphine and from one-fortieth to one-thirtieth grain of atropia, with directions that if the pains returned to give one in half an hour. Being very sleepy, from being up the night before, he went home, there seeming to be no reason for remaining. In half an hour the pains returned and a powder was given, in half an hour another, and so on at the end of each half hour. At three there was a gush of water and some hemorrhage; the husband said his wife seemed very stupid, and told him she was comfortable. At four she was breathing somewhat heavily and could not be roused. The doctor was sent for at once, who tried to arouse her with douches of cold water and with a galvanic battery, to all of which she seemed entirely insensible.

Council was called about six in the morning. We found the woman in a very profound sleep, face flushed, pulse 130, respiration twelve per minute, regular, temperature 100° ; raising the eyelids the pupils were widely dilated. Insensibility seemed complete; touching the conjunctiva caused no pain. The doctor informed us what the patient had taken and of what he had done to resuscitate her. An emetic of zinc sulphate, followed by a tablespoonful of mustard, had produced only a slight emesis. There had been no change in her condition for an hour. We decided to discontinue treatment and watch for results. On

making an examination of her abdomen we found the breech of a child partly extruded. It was pulseless and had evidently been there for some time. This was removed with the membranes without the least hemorrhage. It was a child of full term apparently. The appearance of the patient was that of a person profoundly anesthetized, with slow but regular respirations, a tense, rather quick pulse, a dry skin, with some punctate redness about the face and shoulders, dry tongue and widely dilated pupils. These were signs of poisoning from both drugs, with the dangerous symptoms left out.

One of the children shut a door suddenly and she gave a start. We found that any sudden noise would rouse her, but not to consciousness—a clap of the hands, a blow of a hammer—while all other noises or excitations produced no effect on her. She was put into an easy and comfortable position and allowed to be quiet.

At 6 P. M. she could open her eyes when spoken to, but immediately closed them again, but would not speak or move. The respirations became faster and the pulse softer; the temperature continued a little above normal. At midnight she roused up and motioned for water and attempted to speak, which she could not do until her mouth and throat were wet. She complained of the light hurting her eyes, and then went into an easy sleep. At six the next morning she woke and asked where she was and what the trouble could be; her throat was dry and sore, and she could not see clearly. She remained quiet during the day, taking some nourishment and sleeping part of the time. In the afternoon she complained of severe headache and the dilation of the pupils continued. One-eighth grain of morphia was then administered, which relieved the head and eyes. By the third day she seemed to be entirely well and would have got up if she had been allowed. She had no recollection of two of the days past, had no hemorrhage and no secretion of milk in the week that followed. It seems to me to be a very excellent demonstration of the antagonistic properties of morphia and atropia. The woman took, in three hours,

ver one and one-half grain of morphine and about one-sixth grain or more of tropia. A slight, nervous woman that he dose of either would probably have roved fatal, even in the divided manner aken, yet when together they only produced a lasting anæsthesia, without any ad results following. The child had vidently died from want of attention, he contractions of the uterus being sufficient to expel it and the placenta, and also to shut up the mouths of the bleeding vessels.

SOCIETY REPORT.

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, March 19, 1885.

Postponed meeting.

The meeting was called to order at 8 o'clock, the vice-president, Dr. Allen, in the chair.

The secretary being absent, Dr. Braunlich was appointed secretary *pro tem*.

Members present—Drs. Tomson, Bracelin, Allen, Crawford, and Braunlich.

The minutes of the February meeting were read and approved.

A communication from the Medical Society of Jefferson county, in reference to a proposed new medical law for Iowa, was read by the secretary. Action was postponed until the April meeting.

Dr. Crawford, the essayist for the evening, read a paper on asthma.

On motion of Dr. Tomson, the paper was received by the society and referred for publication.

An interesting discussion followed the reading of the paper in which all members present took part.

As the board of censors were not prepared to report on the application of Dr. Nichols, for membership in the society, action was postponed until next meeting.

On motion, adjourned.

It is stated that dram doses of the phosphate of sodium given three times a day is very useful in the treatment of gall-stones.—*Louisville Medical News*.

MISCELLANEOUS.

RESOLUTIONS RELATIVE TO THE IMMIGRATION OF THE DEFECTIVE CLASSES.

FROM THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

WHEREAS, By a comparison of the statistics of the "Defective Classes" of our population, as shown by the eighth, ninth, and tenth census, it appears:

First, That the proportion of insane to total population in the United States is rapidly increasing, and

Second, That a prominent factor in this increase is the large defective element from among the "foreign born" who have emigrated to us since 1847 and 1848—an element which now constitutes one-eighth of our total population, but which furnishes one-third of its paupers, one-third of its criminals, and one-third of its insane, and

WHEREAS, While the cost of buildings to suitably keep, and the amount of tax to properly maintain, these classes fall wholly and heavily on the several States and Territories, they are inhibited, by national law, from enacting and enforcing effective measures to prevent or mitigate these evils, so far as they are caused by immigration, now, therefore,

Resolved, That the Association of Medical Superintendents of American Institutions for the Insane respectfully urges the Congress of the United States to give early and earnest attention to this important subject, to the end that emigration laws may be enacted by it, which, while they do not unreasonably obstruct the immigration of healthy and self-dependent persons, will effectively prevent the emigration and the exportation to our ports of the so-called defective classes of Europe and Asia.

Resolved, That in furtherance of this object a copy of these Resolutions and Preamble be forwarded by the President and Secretary of this Association to the President of the United States, and to the President of the Senate, and Speaker of the House of Representatives at Wash-

ington, for consideration by them and by Congress; also to the Governor and the presiding officers of the Legislature of each State of the Union, that they, and the people they severally represent, who are most effected by the pecuniary burdens and by the vital and moral evils caused by an unrestricted and unregulated immigration, may be moved to take such action as they deem best to secure early and efficient action by Congress (with whom alone is the power) to abate the great and growing evils to which public attention is hereby called.

Resolved, That a copy of these Resolutions and Preamble be also sent to the Secretary of each medical society in the several States, with the request that the medical profession generally unite with us in the attempt to obtain the required remedy for these great evils.

PLINY EARLE, M. D., *President*.

JOHN CURWEN, M. D., *Secretary*.

AMERICAN PUBLIC HEALTH ASSOCIATION.

THE thirteenth annual meeting of the American Public Health Association will be held at Washington, D. C., December 8-11, 1885.

The executive committee have selected the following topics for consideration at said meeting:

I. The best form in which the Results of Registration of Diseases and Deaths can be given to the public, in weekly, monthly, and annual reports.

II. The proper Organization of Health Boards and Local Sanitary Service.

III. Recent Sanitary Experiences in connection with the Exclusion and Suppression of Epidemic Disease.

All persons who propose to present papers at the next annual meeting must place the same in the hands of the secretary at least three days before the commencement of the annual session, as such papers must be examined by a committee before being read. This rule will be rigidly enforced, and all authors must be governed by it. After December 1, 1885, papers must be sent to the secretary at Washington, D. C., care of Dr. Smith Townshend, chairman local committee

of arrangements. Active and associate members have equal rights in the presentation and discussion of papers. The Local Committee of Arrangements is already organized, and active work begun to make the next meeting a large and successful one.

The generous prizes offered by Mr. Henry Lomb will tend to awaken an increased interest in the great work which this association has for years been successfully prosecuting, and will add much to the already more than national reputation of its beneficent undertakings.

The co-operation of all persons interested in the public health, or in any subject allied to sanitary science, is respectfully solicited. A circular giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

Mr. Henry Lomb, of Rochester, N. Y., has offered through the American Public Health Association, the sum of two thousand eight hundred dollars, to be awarded as first and second prizes for papers on the following subjects, and according to conditions mentioned elsewhere:

IV. Healthy Homes and Foods for the Working Classes. First prize, \$500; second prize, \$200.

Essays to be of a practical character, devoid, as far as possible, of scientific terms. They must be within the scope and understanding of all classes, and designed especially for a popular work.

Judges—Dr. E. M. Moore, President State Board of Health, Rochester, N. Y.; Dr. C. W. Chancellor, Secretary State Board of Health, Baltimore, Md.; Medical Director Albert L. Gihon, U. S. Navy, Washington, D. C.; Dr. J. H. Raymond, Health Commissioner, Brooklyn, N. Y.; Major Charles Smart, Surgeon U. S. A., Washington, D. C.

V. The Sanitary Conditions and Necessities of School-Houses and School-Life. First prize, \$500; second prize, \$200.

The object and intention of these essays is to furnish instruction to those having the care of common schools; construction of buildings, hygienic conditions, management, etc., as well as valuable knowl-

dge to teachers and parents upon matters allied to school interests.

Judges—Hon. Erastus Brooks, LL. D., State Board of Health, New York; Dr. H. P. Walcott, State Board of Health, Lunacy, and Charity, Cambridge, Mass.; Dr. Granville P. Conn, President State Board of Health, Concord, N. H.; Hon. John Eaton, Commissioner of Education, Washington, D. C.; Col. George E. Wang, Jr., C. E., Newport, R. I.

VI. Disinfection and individual Prophylaxis against Infectious Diseases. First prize, \$500; second prize, \$200.

This subject will embrace the kinds, value, and relative merits of disinfectants, as well as the methods of use. Also the means that may be employed by the individual to avoid contagious and infectious diseases.

Judges—Dr. S. H. Durgin, Health Officer, Boston, Mass.; Dr. J. E. Reeves, Secretary State Board of Health, Wheeling, W. Va.; Dr. Gustavus Devron, President Auxiliary Sanitary Association, New Orleans, La.; Prof. Richard McSherry, M. D., Baltimore, Md.; Prof. James L. Cabell, LL. D., University of Virginia, Va.

VII. The Preventable Causes of disease, injury, and death in American manufacturing and workshops, and the best Means and Appliances for Preventing and Avoiding them. First prize, \$500; second prize \$200.

Under this head, the conditions and necessities of the American mechanic are to be especially considered, and the thorough consideration of a class will be regarded of more value by the judges than a superficial review of the whole field. Original investigations will weigh much in awarding the prizes, while compilations from the existing literature or foreign statistics will not find favor with the judges.

Judges—Dr. E. M. Hunt, Secretary State Board of Health, Trenton, N. J.; Dr. A. N. Bell, Editor *Sanitarian*, New York City; Major George M. Sternberg, Surgeon U. S. A., Baltimore, Md.; Major John S. Billings, LL. D., U. S. A., Washington, D. C.; Mr. W. P. Dunwoody, Secretary National Board of Health, Washington, D. C.

Conditions: All essays written for the above prizes must be in the hands of the Secretary, Dr. Irving A. Watson, Concord, N. H., on or before October 15, 1885. Each essay must bear a motto, and have accompanying it a securely sealed envelope containing the author's name and address, with the same motto upon the outside of the envelope. A caligraphic copy of each essay will be made by the secretary and placed in the hands of the judges, so that they will be totally ignorant as to the author.

After the prize essays have been determined upon, the envelopes bearing the mottoes corresponding to the prize essays will be opened, and the awards made to the persons whose names are found within them. The remaining envelopes unless the corresponding essays are reclaimed by authors or their representatives within thirty days after publication of the awards, will be destroyed unopened by the secretary.

The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health, and are empowered to reject all papers if in their opinion none are worthy of a prize. The essays awarded the prizes are to become the property of the American Public Health Association.

None of the judges will be allowed to compete for a prize on the subject upon which they are to pass judgment.

The judges will announce the awards in the second week of December, 1885, at the annual meeting of the American Public Health Association.

It is intended that the above essays shall be essentially American in their character and application, and this will be considered by the judges as an especial merit.

Competition is open to authors of any nationality, but all the papers must be in the English language.

It is expected that arrangements can be made to have these essays widely distributed to the public, and to the persons mostly interested in the respective subjects in the United States. The American Public Health Association earnestly

appeals to those able to compete to take part in this work, which it is believed will do so much to augment the health, comfort, and happiness of the people.

CORRESPONDENCE.

REAL VS. IDEAL PRACTICE.

IOWA is the illiterate physician's paradise, no requirement being made for the practice of medicine. If a man or woman has the gift of gab, lots of cheek, especially if he or she can dress well and make a good appearance, they will succeed in making a practice. The less education he has the better. Little or no moral character is required, either. This is the status of the medical profession in Iowa. Now look at pharmacy, which is the nearest ally to medicine. In order to practice pharmacy one must have a commission based on a graduation from a school which requires four years practical study and two courses of lectures; or, an examination before the State Board (to be sure the latter is something of a farce).

There was a writer in this journal a short time ago who said that the first question asked was "Where did you graduate?" He evidently did not live in Iowa. If he had he would have known that that is seldom or never asked. It is "Where did you come from?" and the general discussion of him is "Have you seen the new Doctor?" "How do you like him?" etc., but never a word about his qualifications, but he must not dare to express an opinion till he knows which party is strongest and not always then. But enough of this sort of thing. Every reader of this journal knows that the majority of physicians in Iowa could not practice at all in the Eastern or Southern States. My ideal of a practitioner would be one who had spent at least four years in medical study after thorough preparation in English and scientific studies. He should be a leader in morals and education. He should be genial in manner and courteous to his professional brethren as well as the general public. (The real physician is, too often, a pirate, with no real courtesy.)

In order that this ideal shall ever be

possible a radical change must take place in medical schools and in medical legislation.

Medical legislation has been written about and exists in many states, but all laws existing or proposed lack true equity and self-enforcement. The law that seems to me to offer the best solution to the problem of elevating medical education is this, in outline: A commission should be formed from representative men of all schools to act as examiners. All graduates of accredited medical schools and all physicians who have been in reputable practice for fifteen years shall be entitled to certificates. All others must pass a rigid examination. These certificates shall be of force for five years only. The holder shall then present himself for a practical re-examination and receive a new certificate for another five years, and so on every five years. After the first year no college shall be recognized which does not require *and enforce* an examination in advanced English studies of all matriculants and four years study, including three terms of recitations and lectures, in order to graduate. Said terms to be nine months and graded, so that juniors and seniors will not hear the same lectures, as is the case under the present system.

A further proviso shall be that any physician who shall be convicted of the habitual or excessive use of liquors of any kind or of narcotics shall be deprived of his certificate and a new one shall not be issued till proof is given of perfect sobriety for the period of one year. In addition he shall pass examination as if his certificate had expired in regular course.

Any person practicing without a certificate, or on one which has expired, shall not be entitled to payment for services, and in addition he shall be liable to a fine of \$25 per day for every day of such practice.

Also it would be well and just to make fair fees legal and make them payable without exemption, either by the person or county.

Some of the Iowa doctors may object. I hope they will. This subject will be benefitted by discussion. I am ready to defend my position. EQUITY.

A MEDICAL LAW.

EDITOR REPORTER—I have carefully perused your editorial concerning the question of a medical law in this State, and take the liberty through the columns of THE REPORTER to express my views upon the subject.

Much valuable time has been consumed by the law makers of the different states in enacting laws by which they hoped to place the practice of medicine on a more perfect basis and suppress quackery, one of the greatest impositions upon suffering humanity.

In several states these laws, when put to the test, were declared by the judiciary not only incompetent but unconstitutional. In other states instead of suppressing quackery they have only protected it.

Quacks who have quacked in a State for five or ten years are made legal quacks while those who desire to "quack" in the future are compelled to pass an examination before "the board" or obtain a diploma from a "recognized medical college." Now this is unfair and exhibits a marked degree of partiality between the quacks.

I am decidedly in favor of a medical law in our State. I want that law sufficient in itself to raise the standard of medical education in Iowa. If we have a law let it apply to every person practicing within the limits of the State at the time of the passage of such law as well as to those who may desire to practice in the future.

I want to see a law placed upon the statute books compelling every person desiring to practice medicine in any or all of its branches in this State to pass a thorough examination before a board of medical examiners appointed by the Governor of the State; this board to consist of members from among the "regular," eclectic, and homeopathic physicians engaged in actual practice and in good standing. I would have that examination in the main written, but would not exclude oral examinations in part, and it should be sufficiently rigid to test the qualifications of the person engaged in, or desiring to, practice within the State. I would preserve the examination papers

of every applicant, together with a copy of the questions submitted, and thus be able to confute any charges that might be made against the board.

New York, the great medical center of this country, has been enacting laws at every session of its legislature for the purpose of "*regulating*" the practice of medicine and surgery within its limits, and yet quackery moves along in that State almost undisturbed, as it does in other states with similar laws. They find their laws to "*regulate*" have failed to accomplish the desired end, and to-day are discussing the question of having an "examining board."

I would object to admitting men to practice simply upon the presentation of a diploma, for the reason that at one time in the history of this country diplomas could be purchased for a paltry sum, and it is a fact that many persons in this western country have been admitted to the practice of medicine who hold only a diploma from some of the "cheap John" institutions at one time numerous in our country and which have only recently raised their standard rather than lose their heads.

A diploma is supposed to represent a standard of qualification, but it is a fact that nearly one-half of the diplomas in this country issued by medical institutions are not worth the price of the parchment upon which they are printed so far as being a certificate of qualification to the possessor.

I am in favor of a *thorough* medical education, obtained in any manner possible or at any institution where such knowledge may be procured. I am not willing to admit within the walls of the profession, as competent practitioners, men who have nothing better to recommend them than the mere fact that they have been engaged in the practice of medicine for five or ten years. Some men may "*dabble*" in medicine for half a century and then know but little of the real science of medicine.

I am opposed to the admission of women to the practice of obstetrics who possess nothing more than a "picked-up" knowledge of that particular science, for I realize the fact that even the most sim-

ple and uncomplicated case of labor requires the application of skill.

The physician whose diploma alone admits him to practice has a life lease upon humanity without modification. He can read, or study, or let it alone as he chooses; he has no use for medical journals and buys few books. He labors for the purpose of increasing his finances and consequently adds but little to his small store of knowledge. He has become dead to the fact that when he received his diploma he was only at the commencement of a great work.

The man who is compelled to pass an examination every five years is a constant student; his library consists of the latest researches and is a model of neatness; he is not only a reader but a thinker also; upon his tables may be seen some of the leading medical journals published in this and foreign countries; and when he goes to his examinations, comes up fresh from the field of his labor ready to stand or fall at the feet of that justice which the world demands.

Such men never fail, but are always found with their shoulder to the wheels of progress, moving onward and upward to that eternal fame known only to those whose names are yet fresh in the memory of the people.

I want to see every man stand upon his own merits. I want to meet men who read and think for themselves and whose life, knowledge, and labors stand out like the blazing stars which light up the blue canopy of heaven as evidence to the world of their ability, goodness and greatness.

I say by all means let us have a law to establish "*a Board of Medical Examiners.*" Let us have a law that will sink deep into the heart of the profession in Iowa, rooting out all those incompetent and unfit to practice the science of medicine and surgery in any of their branches in this State, for human life is too precious to be tampered with.

I want to see a general overhauling of the profession in this and every other State. The standard of medical education cannot be placed too high. I want to see men of greatest merit placed in the front.

In conclusion let me say that these thoughts have not been prompted by any special policy, and while I always respect the *honest* opinion of others, yet I speak candidly what I believe to be the fact, actuated only by sacred obligation.

I want to see the medical fraternity meet in harmony and discuss the best manner possible to solve the great problem of Life, Disease, and Death.

J. E. HAINLINE, M. D.

GRADUATION.

THE MEDICAL DEPARTMENT OF THE STATE UNIVERSITY OF IOWA.

THE fifteenth annual commencement of the Medical Department, Iowa State University, was held at Iowa City, Wednesday evening, March 4, 1885.

On Monday and Tuesday preceding, the candidates for graduation were publicly examined before and by the following committee: Drs. Bosbyshell, Glenwood; McLeon, Fayette; Robinson, Dublin; McVeagh, Lake City; Cleaves, Davenport; Hurst, Oskaloosa.

The valedictory on the part of the class was given by John W. Koehn, of Davenport.

The degree of Doctor of Medicine was conferred by President J. L. Pichard upon a class of forty-three ladies and gentlemen.

Dr. Geo. W. Staples, of Dubuque, gave the address for the faculty. This address, replete with earnest advice to the young practitioner, sparkling with humorous reminiscences of the celebrated of the healing art, was enjoyed not only by those of the medical profession, but by an audience of citizens unusually large, even for the attraction of commencement exercises. The names of the graduating class appear below:

W. Abegg; D. D. Barr; Miss R. M. Bigler; W. C. Bills; J. W. Blythin; G. Brasch; F. L. Breed; E. E. Burwell; W. D. Campbell; Mrs. M. B. Clark; F. F. Clifford; J. W. Drew; E. A. Doty; E. W. Downs; A. Edwards; F. G. Emerson; D. W. Farnsworth; E. L.

Fitch; F. Glaspell; Miss A. G. Gray; W. Gruwell; Miss L. D. Hanley; Miss L. V. Halverson; Miss L. B. House; D. W. Jones; E. E. Kirkendall; J. W. Koehn; W. A. Marner; C. A. McCorkle; M. J. Murphy; W. S. Parks; J. M. Parker; J. A. Pinney; W. J. Phillips; J. K. Root; C. J. Saunders; F. H. Smiley; S. J. Smith; P. F. Straub; F. C. Suiter; H. H. Sutherland; B. F. Trueblood; F. E. Vest.

IOWA COLLEGE OF PHYSICIANS AND SURGEONS.

THE Third Annual Commencement of the Iowa College of Physicians and Surgeons was held in the English Lutheran Church, Des Moines, March 5, 1885.

There was a good attendance, representing many of Des Moines' most intelligent people. Quite a number of the medical profession from abroad were in attendance, besides those present from the city.

Rev. G. C. Henry opened the exercises with prayer, after which the dean of the faculty, Dr. J. A. Blanchard, delivered an address, in which he reviewed the history of medical education, progress, and literature, and noted the advance and progress that has been, and is being, made in this country. He said: "As physicians and surgeons Americans are the peers of those of any country," and "there are now sixty-two recognized regular medical schools and numerous irregular institutions styling themselves medical colleges." Speaking of these schools he said: "If their establishment is prompted by a spirit of emulation and a desire to do good and faithful work, they may be of good service in elevating the standard of medical education and send out men well founded in the science and art of medicine and surgery, who will do efficient service in relieving individual suffering and protecting the public against the ravages of disease and pestilence, by helping to secure proper sanitary regulations and aiding in the enforcement of health laws within the limits of their influence." After this he gave the following brief history of the Iowa College of Physicians and Surgeons:

"We organized under the laws of Iowa in April, 1882, procured and fitted up rooms with proper appliances and apparatus for the prosecution of our work and entered upon our first course of lectures the following October under many discouraging circumstances. The profession generally regarded the enterprise, if not with disgust, as an experiment, and with few exceptions gave it little encouragement. Opposition and an effort to forestall its organization were not wanting, but despite every discouragement and all opposition, the first, second, and third course of lectures have been delivered and we feel that the Iowa College of Physicians and Surgeons is established upon a firm basis, and that there is no longer a question as to the propriety or success of the college. There is connected with our school the Iowa College of Pharmacy, which has for its object the education of druggists, who will carefully and with knowledge dispense such medicines as intelligent physicians may prescribe, and prevent accidents from the filling of dangerous mixtures often compounded by ignorant charlatans. This institution is already in successful operation. Both should receive the countenance and support of our city and State, and will ever seek to merit such encouragement as shall soon place them among the best and most popular institutions of the West in point of attendance and thorough instruction. I predict a successful future for the Iowa College of Physicians and Surgeons, and honorable emoluments for all connected with it, who do their work faithfully and well, and with a zeal that should ever characterize the educated physician and surgeon." In his final charge to the class he said: "Constant study of the science and practice of the art of medicine can only make you what society has a right to demand, an intelligent and successful practitioner. Our profession is a jealous one, requiring one's whole time, and will not bear mixing or diluting with any other calling or business. On behalf of the Faculty I desire to express our appreciation of your gentlemanly bearing toward us, and to commend your faithful and industrious prosecution of your

studies under our instruction. I express the sentiment of all in wishing you a future of honor and success in the practice of your chosen profession, and prosperity and happiness in your homes and social relations."

Following the address of the Dean, was the address to the graduating class by Dr. D. W. Crouse, of Waterloo, from which the following extracts are taken. [We regret that we are unable to publish the address in full.—ED.]

"The season for medical commencements and the conferring of degrees has arrived, and the secular press in the various cities are announcing the fact, sometimes in such a startling manner as to give the people apprehension, a kind of warning of danger, as though another menagerie had broken loose—that the wild beasts are roaming at large; that the community must be on the alert and lie awake nights. Vigilance is the watchword. What for? Is it in order to guard their hen-roosts, to mount a double-barreled shot-gun opposite their clothes-line lest they lose their fancy linen; that their buildings are to be fired, or that you carry dynamite about your persons that may blow them to kingdom come, when they were not in a proper frame of mind to rest their cases before the court of last appeal. To figuratively interpret these startling head lines of the metropolitan press: It means that the young doctor commences after graduation to pray that the community where he offers his professional services may be afflicted with an epidemic disease, not too severe, but quite general and of long standing; that the ice may be glare where citizens travel and the falls will be numerous and slick; that railroad accidents will be frequent; that the passengers may receive numerous but not fatal injuries. In fact, that he looks with envy upon robust forms, red cheeks and supple frames, and is absolutely offended when a man walks upon two legs without limping. If any of you have been apprehensive lest these announcements would prejudice you before the public, fear not. Communities have long since learned that the young physician selects his location and settles among them without ostentation, neither her-

alded by pages of advertisement, nor attended by a body guard, or heralded by a brass band.

"It is true that the graduate has much to learn from his own experience. You have started right and have learned the elements here, and before you lies their wide and various application and extension. Each physician's experience is peculiarly his own. You will have competition in whatever field you enter. Your competitor may have forgotten much of his anatomy, and not be able to equal you in a competitive examination in other branches. He will perhaps learn the existence of some new and important drug, or some valuable operation of recent date, or the latest surgical appliance from your settlement in the community. Rest assured that he will not be slow in looking the matter up, and availing himself of this knowledge, and putting it to practical use. Be ye in like manner ready when opportunity presents to appropriate from his storehouse what will be useful to you. Toward him be affable and frank; cultivate a mutual professional feeling and your associations will be beneficial to both. Communities have learned that the young physician can sometimes teach the more experienced, as well as learn from him, and that both are bettered by this mutual contest, and that when a case is severe and the sickness seems perhaps new and strange, the interested friends recalling this aspect of our mutual relations, the old with the new, will ask the family physician to have the young doctor accompany him. The consultation will be held. The patient will probably grow better and be better for the conference. Their estimation of you and your reputation in the community will be enhanced in value. This kind of recognition to the young physician will have a greater commercial value and last much longer than a page of advertisement in the press. Instead of a paper boast, it is deeds performed.

"The press warns the public against the law-breaker, the dynamiter, the patent right swindler, the cloth peddler, and like characters, who plot against the public peace and public welfare. When you have taken into your conception what a

ty enterprise and power the press is so good, and that its general course is so firmly against the wrong and in favor of the right, you will be the more amazed and annoyed to find that the most unprincipled, boldest, inexcusable fiend that exists any community, viz, the traveling medical quack, should receive at any time the support of the daily and weekly press, both secular and religious. While the profession claims perfection or exemption from wrong doing, I know of no aid given to the quack doctor and the quack medicine by the press. The quack! Behold him as he is! His hands and nails are long and unkempt; his face is brazen and coarse; he is a loud talker; his conversation boisterous and ostentatious; his jewelry is ostentatious and his person odoriferous and unclean. He is the butt cut off the original. All the certificate of character given or required, except a money gratification, is his own self-praise, his proud pretensions, and overwrought promises. He proclaims himself the son of a seventh son. That the ages of medicine of ages gone before him are to come are reposed in him. He is so old nor so bad but he promises relief. All the incurable diseases of mortal bodies are to be dispelled by him. Diseases of blood or love, of the brain, sex or color, can here find relief in his Psycho-mesmeric-spiritual-Indian-methods. He carries certificates from many who were cured in a few weeks of cancer, consumption, or scrofula, that were long since to their fathers with these same titles. The title pages of the newspapers are filled with such superlative and false statements, and the columns call the attention of the reader to words of commendation of him, when in most instances the words show that he is a fraud and a swindler who obtains money under false and unreasonable even if he accomplishes what he promises to do. Usually was what he proclaimed to be. When, on the other hand,

he is uneducated, a mere pretender, who has neither knowledge of medicine nor disease, one who robs the people, not only of their money, but perhaps of their health, and sometimes of their life. The press and the public should give him a wide berth, and laws of the most severe character should be brought to bear upon him until he ceased his disgraceful business, or the penitentiary holds him in its embrace.

"You who graduate to-night keep as far away from this picture as possible. Work to stamp out this odium which is thrown around the profession by such. Graduates, press onward. There is no such thing as a dangerous truth. Our profession recognizes no bounds or pathologies. To accept truth wherever found is her maxim; to use all means and laws of cure that science and experience develop. Be diligent, thoughtful, sober; be physicians in the highest, broadest, and best sense, and we shall expect that some of you will earn a reputation that will be a credit to your teachers, to yourself, to the state, and to the profession everywhere."

At the close of the address Dr. J. F. Kennedy, in the absence of the president of the college, Hon. T. J. Caldwell, M.D., of Adel, conferred the degree of Doctor of Medicine on the following gentlemen: Duncan McLavish, Eagle Grove; Amos Wyatt Hoff, Des Moines; Uriah Campbell Jones, Breda; John Hudson Lyon, Moingona; Francis Moran, Adel; George A. Morrison, Seymour; Daniel Coy Morgan, Centerville.

J. H. Lyon, of Moingona, delivered the valedictory address.

At the close of the services Dr. J. T. Priestley entertained the faculty graduating class and friends at his residence. The doctor's well known reputation for hospitality was fully sustained.

TWENTY-ONE cases of dysentery in children, reported by Dr. G. L. Ma-gruder, of Washington, were treated with fluid extract of ergot, five to twenty drops four or five times a day. Almost every case immediately responded to treatment, and was either entirely relieved or much improved.—*Va. Med. Reporter.*

SOLDIERS' ORPHANS' HOME.

DAVENPORT, March 1, 1885.

Movement of population for February:

Present, February 1 268
 Admitted during February..... 6=274
 Discharged during February..... 1
 Remaining February 28..... 273
 Of these 127 were girls and 146 boys.

Respectfully,

S. W. PIERCE, *Supt.***IOWA HOSPITAL FOR THE INSANE**

MT. PLEASANT, March 1, 1885.

Report for February:

	Men	Women	Total
Remaining January 31	253	211	464
Admitted in February.....	21	7	28
Returned from visit.....	1	0	1
Total under care in the month.....	275	218	493
Discharged during month..	15	3	18
Daily average.....	259	214	473
Discharged, recovered.....	8	1	9
Discharged, improved.....	5	2	7
Discharged, unimproved...	2	0	2
Discharged, died.....	0	0	0
Remaining February 28 ...	260	215	475

H. A. GILMAN, *Supt.***IOWA HOSPITAL FOR THE INSANE**

INDEPENDENCE, March 1, 1885.

Movement of population for February:

	Men	Women	Total
Remaining Jan. 31, 1884....	355	290	645
Admitted, curable cases ...	2	3	5
Admitted, incurable cases..	10	4	14
Whole number treated...	367	297	664
Discharged, recovered	0	2	2
Discharged, improved.....	1	1	2
Discharged, unimproved...	3	5	8
Discharged, died.....	5	3	8
Remaining February 28....	358	286	644

Yours respectfully,

GERSHOM H. HILL, *Supt.***IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.**

GLENWOOD, March 1, 1885.

Movement of population for February:

Present, February 1..... 256
 Admitted during February..... 6=262
 Discharged during February.... 0
 Died during February..... 1
 Transferred to Insane Asylum.. 0= 1
 Present, March 1..... 261

F. M. POWELL, *Supt.***NOTICES.**

VITAL STATISTICS IN TENNESSEE. By J. D. Plunkett, M. D., Nashville. Reprint, *Second Report of the State Board of Health.*

TYPHOID FEVER AND LOW WATER IN WELLS. By Henry B. Baker, M. D., Lansing. Reprint, *Annual Report of the Michigan State Board of Health, 1884.*

REPORT OF COMMITTEE ON SCHOOL HYGIENE IN TENNESSEE. By Daniel F. Wright, M. D., Clarksville. Reprint, *Second Report of the State Board of Health.*

THE PHYSIOLOGY OF DIGESTION; WITH REFERENCE TO THE TREATMENT OF ITS FUNCTIONAL DISORDERS. By M. H. Lackersteen, M. A., M. D., L. L. D., Chicago.

THE PHYSIOLOGICAL EFFECTS AND THERAPEUTICAL USES OF HYDRATIS. By Roberts Bartholomew, A. M., M. D., L. L. D., Philadelphia. Reprint, *Drugs and Medicines of North America.*

SCHOOL HYGIENE IN RELATION TO ITS INFLUENCE UPON THE VISION OF CHILDREN, OR SCHOOL SANITATION. By A. W. Calhoun, M. D., Atlanta. Reprint, *Transactions of the Medical Association of Georgia.*

A SATURATED solution of hydrochlorate of cocaine in nitric acid is said to make a painless caustic—*Louisville Medical News.*

THE

Medical Reporter.

MARCH, 1885.

ORIGINAL.

WE DO WITH OUR INSANE?

In the past, through the reports of the superintendents of the State Asylums, and the readers of the *Reporter*, we have been furnished with a tabular statement of the movement of the insane. An examination of this shows that the total charge of about 1884 was 1,000 inmates. Those who were committed a year ago will notice a decrease. This increase is not so great as it extends through the years.

In this class, like that of the insane, of disease, has two divisions. One, the therapeutic, the other the prophylactic. The physician, who has charge of the asylum, is doing all that can be done under the circumstances for their

The profession is in-adequate measures in an-adequate a resolution of Medical Sum-merican Institutions

The census report for that the increase of the decade then just 10 per cent., while that of hundred and forty-six

per cent. If this data is reliable, the increase is certainly alarming.

A comparative examination, tracing out the race, nationality, nativity, and social condition, in order to find leading causes for this rapid increase, reveals, at once, the fact that the per cent of insane among the foreign born of this State is double that of all the others. This, of itself, might not be very significant were it not that in each of the other states, especially the Northern states, where we find the greatest per cent. of foreign population, the same, or nearly the same, difference of per cent is found. For the reason that we have found that the per cent of insane among the foreign born is double that of the American born, it is first in order, should we look for preventive measures in treating the subject of insanity, that we examine the quality of our foreign born citizens.

Those members of our profession, in this State, who have given the subject any serious thought will at once recognize the fact that a large per cent of our foreign born come from the defective classes of European population. Their social condition, surroundings and life are such that predispose them to insanity, wholly independent of hereditary tendencies. To correct this, is a gigantic undertaking, and one, that needs concerted action. Any effort to prohibit immigration of able bodied men is looked upon, unless it be for contract labor, as a commercial loss to the country and community.

This matter will probably be presented to the State Medical Society at its next meeting, where it will undoubtedly receive the consideration it deserves.

The restrictions of immigration from the indigent classes of Europe has, to a limited degree, been exercised; but, on account of their criminal proclivities.

Would it not be well, and is it not necessary, to add to this, their predisposition to insanity.

The REPORTER hopes to be able, in a short time, to present to its readers a communication on this subject from one who has made the matter a special study.

A MEDICO-LEGAL SOCIETY.

AMONG the societies and associations of the state, representing the several recognized professions, attempts to obtain mutual advantages to these societies or their individual members, through relations of like with like societies of the several professions, have not been made with any degree of success. The difficulties, recognizable at a glance, are the radical differences in their ideas and in their objects; neither is willing to sacrifice their prejudices sufficiently to amalgamate their ideas with those of others. The recognition referred to, of those societies, pertains not to the recognition of individual societies of the same profession, but to individual societies of different professions. In some of the states, as in New York, the legal and medical profession have united and formed a common society, under the significant name, "Medico-Legal." The productions and the works of this society have accomplished more than all the work of strictly professional societies to harmonize, extend, and mutually improve the common relations of both. From this, the question then arises, is there a place for, and a benefit to be derived from, such an organization in this state? If so, the material is here; the effort only is lacking to bring it about. To the writer, the opportunities for mutual advantages to be gained, looking at the

question from any one of its several aspects, are very great—too numerous and complex for any minute explanation at this time. As examples, however, we may refer to the common experiences derived from a contact between court and medicine; to the lack of consideration, on the part of either, for the position, rights, and uncertainties of the other; to the relations of the two in determining the responsibility of the insane, and in the prosecution and defense of criminals; of statutory relations; to the common laws, for regulating the practice and determining the rights of either; etc.

The mode, the requirements for membership, the objects, the ones to take the initiatory steps, in order that the undertaking may prove successful, and the limitation, should be carefully considered before creating an organization. As a purely local organization, its influence could not become sufficient to realize its capabilities. A large and unwieldy society, composed, as it must be, of a few interested, and many disinterested, members, would be short lived. The relations of railroad surgeons to the legal fraternity should make men engaged in this branch of the profession highly desirable members. Those, connected with the public institutions for the insane, would add greatly. A few, from these classes, aided by a few from those who are interested and willing to give time and attention, would form a strong and supporting nucleus, guaranteeing success, were they to join in this undertaking. There are like representative elements among the legal fraternity that could be induced to join this movement, and form a combination that would meet the expectation of all. The agitation of this question may be a little premature for the conditions, but it is not for the demands of our common interests.

RES.

communication, publication, contributor for they have been hereafter. we say, in order a chance to get the man- the meaning, will reserve corrections. contributions and published staff will use

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for knowledge. The profession should be relieved from those young men who begin their professional career without full preparation, whether the cause be negligence, or a lack of financial resources, to obtain the liberal training that is needed to fit them for their work. Such young men should always be discouraged from attempting medicine, as they will prove a discredit to the profession; and, if they have ability and ambition, they would do better in other fields. The graduates of the recent commencements of the schools of the state have received their share of this privilege; and, therefore, we are able to say with just pride, that the average degree of training is better than that of the past. THE REPORTER earnestly hopes that this increase will be permanent. All institutions of learning, in order to accomplish this, should make the question of financial success one of secondary consideration.

THE PREPARATION OF LIEBIG'S FOOD.

From an article by Dr. E. T. Williams in the Boston Medical and Surgical Journal, of November 13, page 480:

"The earliest announcement of Liebig's method of preparing infant's food was received with the warmest enthusiasm by the profession and the public. The idea of using malt as an artificial digestive for starch was certainly a brilliant one, and seemed to promise an infallible cure for every form of starchy dyspepsia, both in children and adults. The notion of a manufactured Liebig's food prepared to hand and ready for use was a natural conception and has much in its favor. This does away with the trouble of cooking, and secures a perfectly uniform product. One of Liebig's sons, with the 'help and approval' of his father, as he states, is or was concerned in the manufacture of such an article under the name of an extract of Liebig's food. Similar preparations have been sold in England and America. They are made or should be made by digesting malt and water in the form of a 'mash,' as brewers do, till the starch changes to glucose, and then evaporating to dryness in a vacuum. They are nothing more than Liebig's food ready made and dispensing. The popular Mellin's and Horlick's foods are articles of this sort. They consist mainly of grape sugar with the nitrogenous and mineral elements of grain. A half pound bottle of Mellin's food costs seventy-five cents; a one pound can of Horlick's food sells for the same price. They are good foods and suit children extremely well.

"Liebig recommends the food as a nutritious drink for adults as well as children. Its suitability for invalids and convalescents, for nursing mothers, and starchy dyspeptics, goes without saying. Liebig recommends it in coffee in the place of cream. I have found it very good in chocolate. With coffee especially, in the style of *café au lait*, I have found it a capital breakfast drink. I think that both coffee and chocolate *a la Liebig*, if they could be made fashionable, would make a most useful addition to our dietary."

—THE—
IOWA STATE MEDICAL
A MONTHLY JOURNAL OF MEDICINE A

VOL. II.

DES MOINES, IOWA, APRIL, 1

ORIGINAL ARTICLES.

MEDICAL LEGISLATION.

BY THE PROFESSION OF IOWA—EXTRACTS FROM CORRESPONDENCE.

IN answer to the question, Are you in favor of a law regulating the practice of medicine? the following are from the replies, being received daily, taken without any special attempt at selection:

"I am in favor of a state law."

"I am in favor of a law."

"I am in favor of a state law."

"I am in favor," etc.

"Yes! I hope you will have success."

"I would favor one."

"I am certainly in favor."

"I am in favor," etc.

"Yes. Provided a wise one can be framed and adopted by our legislature."

"I am in favor of a judicious state law."

"I am in favor of a law."

"Yes. Anything is better than nothing."

"Yes."

"Yes, if the people demand it; otherwise, no."

"I am strongly and heartily in favor," etc.

"I am heartily in favor."

"I have had no experience."

"I am in favor of such a law."

"I am much in favor," etc.

"Yes."

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"My experience in the practice of medicine assures me that for the good of the profession, as well as the good of the people, a law regulating the practice of medicine is required."

"If the professions, either of them, wish to protect themselves they had better work for a law that will kill half of their colleges and close up the remainder for several years. They do the profession vastly more harm than do the quacks."

In answer to the question, From your experience and judgment, what provisions would you embody in such a law? the following extracts are selected without attempting to show favor to any one set of ideas, but to show a fair average of the correspondence:

"Illinois has now a law that, with some amendments, could be made to suit us. Our state has too many so-called medical schools. One good one would be preferable. Almost any one, it now seems, can secure a diploma as M. D. from some of our so-called medical colleges. Their professors perhaps could not pass an examination in a respectable college."

"Such a law should prohibit non-graduates from the practice, unless it be an under-graduate practicing under the supervision of his preceptor. It should inflict severe punishment on advertising quacks. The worth of one's diploma to be determined by a committee of ten, appointed every three years by the president of the State Medical Society. Said committee also to have the right to debar any one from the practice for gross immoral or unprofessional conduct; also to analyze and expose patent medicine frauds."

"I am of the opinion that it would be very difficult to frame a law that would do justice to all parties. For instance, we have a great many physicians of good practical ability who could not stand a good examination. In comparison, I would say that I think the pharmacy law is, in a certain sense, an imposition."

"I liked the bills that were before our last legislature very well. I think that we should have a law to stop so much quackery, and unscrupulous persons from practicing medicine; and I sometimes think that I would like a law to prevent

any one from practising medicine who was not a regular graduate of some good school."

"Such a law, in my opinion, should prohibit from practicing all those who have failed to obtain the degree of doctor of medicine from some respectable institution; or those who have spent a certain number of years in active practice."

"I am in favor of a state law regulating the practice of medicine. I would have a law that every man (or woman) practicing medicine should be a graduate of some reliable medical college, acknowledged as such by the American Medical Association."

"I would be in favor of permitting all graduates of accredited medical colleges of the different schools to continue the practice unless charges were preferred against them; in that case to pass an examination before a state board of medical examiners appointed by the governor. All under-graduates to pass an examination by a state or county board appointed by the governor. I think it is wrong to allow any term of years of practice to take the place of this examination."

"I would embody in such a law the provision that no one would be permitted to practice in the state unless they were graduates from some reputable school of medicine, from the enactment of said law; and that those who were practicing at the time of the passage of said law, without the degree of graduation from a reputable school of medicine, should be required to pass an examination before a board appointed by the governor and approved by the senate."

"I would have embodied in such law, that every county should have a society, which should meet regularly every quarter, having a board of censors, who should examine fully as to every one presenting themselves, and that only he who passed a satisfactory examination before said board should be allowed to practice in said county; and a thorough re-examination necessary every five years."

"I would have every person practicing medicine in Iowa a graduate of some respectable medical college. No matter what kind of manner he practiced, whether in infinitesimal doses, or eclectic,

with his *billed* roots and herbs, and in quart doses; a medical board to enforce the law, and any one practicing under a bogus diploma *a dose of two years* in the penitentiary should be his reward, etc. But I am not in favor of making the practitioner of medicine one who belongs to the wealthy and learned class exclusively. Sound brains and a good constitution are better qualifications than all the *hifalutin learning* outside of the medical profession. A fair English education, three years of study, and three courses of lectures ought to qualify any man of *good sound brains* to practice medicine. Don't discard or discourage the young man because he is poor, and is not a classical college graduate. In the practice of medicine it is the hard working man of humble circumstances (in the beginning) that is bound to succeed. It is so in all the affairs of life as well as medicine."

"I would require all persons entering the profession to be graduates of some regularly and legally incorporated school of medicine. I would require all persons coming into our state for the purpose of practicing medicine to be graduates, as above stated, and that they should present their credentials to the State Board of Health (or a board organized for that purpose), for verification. Just what to do with those already engaged in the practice in the state who are not graduates I am at a loss to know. I think if we would allow them to remain undisturbed we could get a better law enacted than we can if we attempt to interfere with them. I would require them to register immediately after the enactment of the law with the county clerk, in the county in which they reside, and in case of their removal to another county, require them to get a certificate of their registration from the clerk, with his seal attached, of the county from which they remove."

"I would embody in such a law a provision requiring every person pretending to practice medicine and surgery to be a graduate of some one of the schools in this country recognized by the College Association of America, or of some for-

eign school known to be reputable; or, if not a graduate of any school, to be examined by a competent board of examiners, whose certificate alone shall entitle the party to practice. I would make the penalty sufficiently severe to deter quacks and charlatans from engaging in the business. In a letter of this kind I could not take time to embody everything I would have in a law regulating the practice of medicine. The Illinois law is a good one, only I think it embodies too much. A law should never be made with provisions which it would not be possible to enforce. When there are such it weakens the whole, and destroys its aims and objects."

"I would state that it has always been my desire to have the practitioners of medicine placed under such stringent regulations as would stimulate them to keep pace with the general advancement of the profession. Whether it would be policy to enact such a law, at the present time, or not, is a question that should be seriously considered, as by such a law a commission or board of examiners would be necessary to examine every physician in the state at intervals of from three to five years. In my opinion, we would be taking a step too far to expect the enactment of such a law at present. It would be safer for us to first secure a prohibitory law, one preventing others than those physicians holding valid diplomas from practicing medicine. Then, in the course of a few years, try and secure a law more stringent. That we need a law regulating the practice of medicine every respectable physician will admit; while some, who have been practicing many years without a diploma (from fear of exposure), will fight it bitterly, and there are many of these physicians whose political influence will prove hurtful to us. We cannot be too guarded in our first steps."

"I am in favor of the most rigid laws in every particular. Only a diploma from a college of good repute, or a certificate from a medical board, ought to suffice. I don't believe in practice and no theory. There are hundreds of men and women that are doping the people of

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be put in the children, much I don't think this cause with- long a letter. I be enforced by each township, law ought to be tives ought to re- latives for not re- township, and the clerk quarterly. ty registration, but it the practitioner to do not name their year, so it leaves the their carelessness."

mining board for the practitioners that all credentials from a related medical college. Every one should pass nine before allowing they have a diploma her; and when a viola- lege; and it should be pro- a fourth violation of law, and case tried before justice, and not coming be of examiners for hearing in the Missouri law."

most advisable provisions, room for honest difference personally, I am in favor of have any at all. For we favor of allowing no in unless a graduate from school, of whatever "ism" further, I would be in favor more rigid, in that the could have power to refuse dentials, and make them examination, written, oral, by clinical test. Again, I favor of creating a govern- of examiners, whose duty it examine all applicants for from any school, and the fac- school to not have power to student. We would in that of a great many "snide" the consequence would be could get a better class of men students. Iowa is full of

quacks of the worst kind, and many of them holding diplomas from some school. It is a mystery to me why the average legislator can see the importance of having a pharmacy law, and yet cannot see the importance of having rigid regulations in reference to physicians—the fountain head of dispensing."

"As to what and all such a law should embody I am not, at present, prepared to say; but the leading and most important feature should be a demand for a thorough competency in those who practice medicine and surgery in the state of Iowa. When the public becomes convinced that 'physician' is a term or title implying more than pill-peddler, our profession will command more confidence and respect than it now does. As it now is, a large portion of what is usually called successful physicians are those possessed of that trait which I denominate low cunning instead of medical knowledge." ("I refer to financial success.")

"My opinion is that a law should be enacted requiring a strict examination, and that it should include the actual practice and treatment of cases. Not because a man proposes to cure by rubbing and powwowing over the patient, he should be licensed to humbug the community, for in that case it would be making matters worse instead of better. I believe that the examination should include present practitioners as well as those not yet started in the practice, for if it is good to have such a law, it is as good for the old practitioner as for the new. And, if they have been long established in practice, they should be the more able to bear the necessary examination; and if they have always been humbugs, so much the worse. The legislature at the last session waked up to the fact that the profession of law was getting overstocked with members who were a disgrace to the bar, and passed a law making it much more difficult to obtain a license to practice at the bar than it had been heretofore. They could not make it apply to those already in the practice, who had been admitted on an examination, poor though they might be, without regularly disbarring those who had once passed a lawful examination. There has

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been no such admission to the practice of medicine, with the exception of the graduates of the medical college at Keokuk, which by law has always had a provision in its favor since 1850, or thereabouts, although in practice it has not been of a penny's value to its alumni (the law I mean). I think that in view of the law under which that college has been acting, and the fact that any other course would seem to encroach upon *vested rights*, that graduates of that college should be admitted to practice by merely registering their diplomas in the county where they intend to reside. I believe there should be a committee or board of intelligent physicians appointed for the purpose of examining applicants for the practice of medicine, who should be paid a salary, and should be allowed no fees for examining, so as to leave no inducements for them to pass a man without his being properly qualified. I know such things are liable to abuse and favoritism, but what is not? and I think it is no more likely to be the case with doctors than lawyers and schoolmasters."

"Am in favor of such a law providing for a state board of examiners of careful, competent men; broad, progressive men, whose duty it shall be to pass upon the qualifications of all candidates for graduation from our schools in the state, and whose authority must be had by all persons now doing business in the state in the profession. The colleges in the state should require an examination for admission in the English branches at least. The law should not discriminate against any school of learned medicine, but should insist upon efficiency in each member of the profession representing the different schools."

"In my opinion the first provision embodied in such a law should be a *thorough education*, and this regardless of age and length of time in practice, for it is a fact we have here, in Butler county, men who have practiced for fifteen and twenty years who are *boors in literature* and ignorant of the first principles of medicine. A law embodying a ten-year clause, or any year clause, would be only an imposition upon the educated medical man. The best way of obtaining such a law I

am unable to frame. I think all persons of whatever age shall be required to pass from some recognized medical college before being allowed to practice. The plan envisions the recognition of some of our states as a uoate of medicine to j ignorant ten-year pr an examining board incompetent person o fulfil the letter of a l; inable in whatever p. This board as a rule i terested persons, an competent to perform "Should the legisl such a law, I think t well to what they a make it not much i now is. We are over in all its forms, and t can show a parchment to practice medicine from being qualified. I think that the de I think that the de from the people, and fession. I ask no le me, neither does any qualified physician; a who need protection strong evidence that it."

"Persons who hav years in active pra graduates) in the san by law prohibited fr Persons entering up medicine and surgery do so wher mitted to do so wher from some reputab Medical colleges sho require that all stu matriculation, posses education. English be prohibite should be have no persons who have no years in medical coll; tinned study. Medi not be chartered or d when located in citie dred thousand popu afford ample clinic feature that many of (medical) week. It =

derogatory to the dignity of
sion for a medical man to give
professional card the name of his
ater;" by this several ends could
plished. First, it would give
ic a ready means of detecting
ing of the probable advantages
ning which the physician may
d. Second, if this were made
ry, all persons who have any am-
o excel in their profession would
ly desire to append to their pro-
l card the name of one of the best
l colleges in the country. This
carried out, and it is entirely in
ads of the profession, will do more
clearing out inferior medical col-
and poorly qualified doctors, than
ing I know of or can now think of."

draft of bill for regulating the prac-
of medicine in the state of Iowa:
ry medical practitioner in the state
wa, by the first of January, 1886,
register himself at the office of the
ty clerk of the county in which he
les, at same time present his diploma,
f lost by fire or any other accident, a
ificate from some one of the profes-
s of the college where and when he
uated, or a certificate from the presi-
t or recorder of the district medical
iety of which he is a member, who
l an opportunity to see it when he
ned the society, and can thereby testify
him being a graduate of a regular
cognized college of the United States,
anada, the United Kingdom of Great
ritain, or other European medical col-
ge, or he will be disqualified, from hold-
ing any medical office, or from granting
any medical certificate, or in fact from
ing any act or exercising any privilege
the way of his profession. It will also
an offence, subject to a penalty of not
ss than \$—, for any one to call him-
lf a physician, surgeon, doctor of med-
ne, obstetrician, general practitioner,
apothecary, unless he be registered
ter the act."

Have a state board of three or five
bers; have all applicants present
mas from some good recognized med-
college; permits to be granted to all
cians now, or when law takes effect,
icing in the state, after having filed

sworn affidavits and proof of ten years
of continuous active practice; heavy
penalties for non-compliance—\$500 to
\$1,000."

"I am in favor of compelling every
physician to pass an examination before
a non-teaching board, appointed by the
different state societies (subject to the
approval of the governor), and would
make no reservation on account of degrees
having been conferred, or length of time
of practice. I believe *proficiency* is the
only pass word that should admit the
physician to our state as a field of labor.
I think no competent physician will ob-
ject to passing an examination before an
impartial board, no matter how many
years he has practiced, or how many
diplomas he may hold, and but few will
object to the slight expense incurred
thereby. I am glad that you have raised
this subject, and should like to hear an
expression of medical men of the State
through the REPORTER."

"In my judgment the simple qualifica-
tions usually given by our colleges do not
cover the ground in all cases; or, in other
words, the possession of a diploma is not
a sufficient guarantee of the possession
of all those qualities. We would like to
see and know what is embodied in the
individual to whom we would be willing
to trust the lives of those near and dear
to us. In this day of general intelligence
among the masses of the people, it is
possible and even probable, in my mind,
that more of the invalid world is imposed
upon by men who have diplomas than
those who do not. In a practice of some
twenty-one years I have come in contact
with a great many medical men, both
graduates and under-graduates, and it
would be difficult to say in which class I
have seen the most disreputable practice.
It is true that every practitioner should
be a graduate of some reputable institu-
tion, and no one should be allowed to
practice who is not; but there are other
qualifications of which a faculty cannot
judge in the short time allotted to a full
curriculum. To these I need not allude,
as every honest, well acquainted practi-
tioner is only too well acquainted with
them. To formulate a plan by which the
difficulties could be obviated by legisla-

tive enactment will, no doubt, prove a difficult thing. Past efforts, by other states, prove this to be a fact, but if some plan could be devised by which every practitioner could furnish the community in which he proposes to operate full and satisfactory evidence of his thorough honesty and integrity a great good work would be effected."

"I have not given it much thought. To recognize diplomas I do not think would cover the ground; and an examining board, ignoring diplomas, would be to have a law, it seems to me, that would be too harsh. It seems to me there is a happy medium that would prevent an incompetent practitioner, though he may hold a diploma, from practicing."

"A provision conferring upon the State Board of Health (or a board of medical examiners if preferred), authority to issue certificates to all physicians of good moral character that hold diplomas of regularly accredited and approved medical colleges, and to other persons, not having diplomas, who pass a satisfactory examination in the essentials of medicine; these certificates to be placed on record in the office of the clerk of the court in the county where the physician practices or resides; and making it a penal offense to practice without such certificate on record. This provision might be amplified and others added, if deemed necessary, but it will answer well to begin with."

"To practice medicine one should be a graduate of an accredited school of medicine."

"Would have the law demand a diploma from a medical college, or an examination by a state board, regardless of the time the doctor had been in practice."

"A law that would debar persons who are not qualified to practice."

"Have given the subject no thought; should say a state board of examiners."

"I have not given the subject sufficient thought."

"I have nothing to say, having been rapped over the knuckles some ten years ago, by the profession, for my efforts in trying to get a law. I have ever since thought it wisdom to keep mum."

"I am not at present prepared to an-

swer, because I have not given sufficient thought."

"Not having given attention, I hardly answer your second question."

"Am inclined to think that that of Illinois would be better."

"Embody in it some standard of excellence; quackery could be kept out. Diplomas could be raised to a higher standard."

"The law now in effect is about what is necessary."

"Let the profession of medicine have thorough education before entering its ranks."

"Am not prepared to say whether provision I would favor, but would be in favor of lines reasonably tight."

"I favor the Illinois law, but graduates of a medical school to practice, unless a man who has been in the state ten years or more."

"I am unprepared to say."

"Would compel every man of medicine to have a diploma from a respectable school, with a practical allowance for practitioners of long experience to continue to practice without a diploma; could pass a satisfactory examination before a state board of examiners for that purpose."

"I believe a law similar to that of Illinois is the best one we could have. I think our present law could be improved upon."

"Suppose something like the law of Illinois is the best that can be made."

"I think a law similar to that of Illinois would be the best for our own state."

"Would like one similar to that of Illinois."

"I should think such a law of Illinois, or one similar, would be very well."

"There will be no trouble in getting a law regulating the profession of medicine so soon as it is known that it is especially for the benefit of our school of medicine, and the opportunity offered, tried."

people up to that, and we have quite a goodly number here of the laboring class who are with us on this question."

"I interested myself a number of years ago in the matter of the passage of a medical bill for the control of practice in this state, but became discouraged at the Davenport meeting in 1877 or 1878, I have forgotten which, since which time I have hoped that our legislature would make some law, every session, but have been disappointed. You state the true cause of our failures in your editorial on this subject, in the third paragraph, on page 4, No. 6, February number. We do not move unitedly in the matter, and always too late; too near the meeting of the State Society to accomplish anything. The plan you propose will only result, I fear, in considerable discussion without conclusion. If our medical societies were to remain in session for weeks it might be different, but deliberative bodies do not formulate laws; the *few* do that, and the *few* do the work. 'Too many cooks,' and 'What is everybody's business,' etc., is true. I believe the better way, and only practical way, to solve this vexed question is for the *many* to *quit talking*, as we, in the main, agree as to what is needed, and let the *few* make it their business. Let a committee of three or five, not more, be appointed by the State Medical Society, at Cedar Rapids, of the very best men in the state, with *full power to act*, placing ample funds at their disposal to employ legal advice and to defray necessary expenses, with the distinct understanding that we—every honorable medical man in the state—will stand by the committee, even if we do not approve of the exact wording of the bill they in their wisdom may prepare. Let us lay a foundation; anything is better than nothing. Subsequent legislatures can alter and add, if we only have *something* to change and add to. This may savor too much of the 'machine' to suit a few of the 'holier than thou' members of the profession, but it is the only way Iowa will ever free herself from being the dumping ground of the disbarred and disqualified 'doctors' of the Northwest."

"At first glance, however, I would say

that the mere absence of a diploma does not necessarily preclude proficiency. A man of good judgment, studious habits, and laudable ambition, can, in his own home, with proper effort, acquire a greater degree of competency than some possess who triumphantly point to a sheepskin on their office walls. While this is true, I fear that a state board, which would probably be a political creature, or the outgrowth of combinations between the different schools represented in the state, would rarely possess the necessary integrity and stamina, to withhold a permit from a man, who had spent three or four seasons in yachting or playing base ball, while his father paid for his college tickets, and grant it to one, whose school had been the field, the workshop, or the village store during the day, and the garret with his rusty books at night, for a series of years. It would seem somewhat arrogant for a political convention to put in nomination a board of censors, who, in the exercise of their functions, might undo the work of college faculties, and relegate to the common herd those who had been duly stamped and delivered to the credulous public. An appointment, by the governor, would carry with it an air of authority, but would it secure for the people a greater degree of proficiency in the 'doctors' of our commonwealth than is secured by the examinations in our schools of medicine at the present time? Another very important fact presents itself to my mind. It is that many who are well up in the fundamental principles of a medical education, and thoroughly conversant with the various and conflicting theories of the practice of medicine, from the time of Galen to the present, utterly fail at the bedside. Now, by what manner of proceeding we will be enabled to get rid of the boasting quack, the blustering empiric, and the visionary book-worm, learned in the lore of the *science*, and having as many degrees appended to his name as there are theories in his head, and at the same time retain in the profession those of practical worth, is what I deem the important question at the present time, and one which should be well considered before an attempt at legislation is made. With

the ranks in every legislative district crowded by men who fear an investigation of their qualifications, the influence brought to bear on our Solons will be irresistible, if the measures proposed are not proof against the most rigid criticism. If you will pardon my assumption, I will suggest that a committee of the most prominent members of the State Society formulate a bill for the regulation of practice in the state, and that the same be submitted to each of the local societies for consideration, after which, at the next state meeting, it be acted upon by the society and placed, as completed by them, in the hands of a competent committee, whose duty it shall be to use all honorable means to secure its passage at the next meeting of the state legislature."

ASTHMA.

BY J. P. CRAWFORD, M. D., DAVENPORT.

THERE is perhaps no disease which we are called to treat that presents a greater variety of phases than asthma, or calls for a more varied treatment. The complications are numerous. Pathologists disagree upon its ætiology.

The two generally accepted theories of the immediate cause of the asthmatic paroxysm are tonic spasms of the diaphragm, and spasm of the bronchial muscles. The latter is the oldest theory, and it has the support of Trousseau, Salter, and other good authorities on this subject.

Leyden claims to have found brownish cells in the sputa undergoing granular degeneration, between which are colorless octahedral crystals, composed of a substance analogous to mucin; he believes that the asthmatic paroxysm is produced by reflex spasm of the muscles of the bronchial tubes, the spasm being induced from irritation to the terminal branches of the pneumogastric by these minute crystals.

The latest theory is that advocated by Weber, which groups together the following factors: Spasm of the bronchial

tubes, bronchial the diaphragm, cannot be far from all the presumed

Asthma is a tonic spasm of the fibers, induced by irritation. The excitation, arising from the action of the nervous system exerted through the reflex function of the diaphragm. Various agents contribute to that produces the spasm, which brings about paroxysms; exposure to changes in the weather; climate; inhalation of pollen of plants; suggestion and flatulence; excitement from mental causes.

One of our noted pathologists has shown that this reflex nervous diaphragm acts in the following way, and says its mechanism is plain:

"In case of intestinal and organs of the pneumogastric are acted on, the impression is transmitted to the pneumogastric nerve, which is reflected over the bronchial branches of the vagus. An affection of the nasal mucous membrane affects the filaments of the fifth nerve, the impression, and as the fifth and the pneumogastric are in connection, and are intimately connected in function, disturbance in one is quickly transferred to the other, and this way numerous examples

Asthma is an affection attended with extreme difficulty in breathing, and pathological changes in the organs; an acute dyspnoea, lasting some hours and terminating in recovery.

It may or may not occur in connection with bronchitis, although it does, yet spasm of the muscles is independent of bronchitis, often occurring well as bronchial inflammation, asthma, thus showing it to be a disease.

It is but reasonable to suppose that bronchial inflammation might excite

fluence whereby the muscles would be ore prone to take on a spasmodic action, id in such a manner be a predisposing use without being an essential factor the disease. Asthma may be conund with emphysema, yet the latter ay be differentiated or found to be only existing with asthma by means of physical signs.

The volume of the lungs is so far increased in emphysema by the dilatation air cells as to deform the chest walls, ving them a barrel form, which, on reussion, gives an intense vesiculonpanitic resonance.

In asthma, the dry bronchial rales are indant. Loud wheezing, whistling nds, take the place of the normal cular murmur. Forced inspiration vs the position of the chest during roxysm. By contraction the diaphragm is brought below its normal ion. The lungs are filled to distention and each inspiration brings in a more air, which remains as residual ncreasing the distention without the ts of the patient. Expiration bes much more labored than inspiration from this bronchial obstruction.

After the first attack of asthma the m experiences premonitions peculiar s own case, such as coryza, headache, chial irritation, hiccough, and a feelof general malaise.

the artist wanted to paint a picture, raying all the elements of suffering, me agony, and impending dissoluhe could find a perfect model in the natic patient.

e victim of asthma, after a few s of uneasy rest, suddenly rouses, exncing terrible distress in the chest, s for the window or door for air, g to relieve the sensation of imng suffocation; bends forward with s on the knees, gasping with every ation, as though it were the last; eyerotruding, face cyanotic, and bathed spiration; breathing accompanied oud whistling, wheezing sound.

course of the paroxysm the bronbes soon begin to pour out a pro-yish white secretion, which gives of relief, together with the occauctation of gas.

After some minutes, or hours, the oxysm gradually subsides. There be a recurrence at any time, and a sense of fatigue, soreness, and indition, which, in a few hours, wears and the patient is restored to his health.

As for the treatment of asthma I will give a brief history of a few cases in my own practice.

J. G., aet 22; man of dissipated habits. Dated the origin of his trouble one back, at which time he slept out doors the weeds.

Following this exposure his first attack came. At the time of the paroxysm for which I treated him, there was great deal of bronchial inflammation. The paroxysms were controlled, in a measure, with chloroform, but lasted many hours, and the intermissions were short. Gave the patient iodide of potassium and atropia, with improvement in a day or two. He was not able to be discharged for over a week. In this case paroxysms seemed to be excited by the severe bronchitis; as the bronchial inflammation subsided, with the use of the iodide, the spasmodic tendency disappeared.

Case No. 2; Mr. —, aet 48; freight engineer; troubled with asthma so that he was frequently obliged to lay off his run.

He said that he was very tired, and was afraid he would not be able to lie down; he was often compelled to sit up, not being able to lie down on account of a sense of smothering. Gave him a large dose of Bromidia for immediate relief, and prescribed grindelia robusta, the latter to be continued. He rested well that night, and reported several months afterward, that with the continued use of the grindelia, he had enjoyed almost complete immunity from his sore affliction. He is able to follow his business, which is attended with a great deal of exposure, and regards the treatment in his case as specific.

Case No. 3; Mr. —, aet 38; passenger engineer. Suffered from asthma occasionally, but not severe; was troubled some with indigestion. Placed him on grindelia, and enjoined upon him the necessity of looking to his diet and caring

for his digestion; has been comparatively free from his asthma since.

Case No. 4; Mr. W., aet 35. Has most violent attacks every few weeks. In his paroxysms he manifests all the characteristic symptoms and habits of a typical case. I have repeatedly been called to find him in the most extreme agony, gasping as though each breath would be his last. In this case I inject $\frac{1}{4}$ gr. morphia, get free action of the bowels, and push the iodide. In a few minutes he gets easier, and in two of three days is apparently as well as ever. His paroxysms come on when he gets his feet wet, and when his digestive functions are deranged.

Mrs. E., aet 45. Had asthma for over twenty years; during the earlier years of her disease she had serious bronchial trouble. For five years she had a bad cough; expectorated a great deal; system reduced so that she was a perfect invalid. All this time she was troubled more or less with asthma. For many years she followed nearly every course of treatment available. But only in later years, since she commenced using the iodide of potassium, has she been materially benefited by treatment.

She keeps the iodide on hand constantly, or some preparation containing it, takes a small dose at bedtime, or when she has the slightest premonition of a paroxysm which she experiences frequently. In a few minutes she feels relieved, and is certain that it is the only thing that prevents her from being as great a sufferer as formerly.

In other cases have had the patient smoke stramonium and belladonna leaves with some relief. In mild cases nauseating expectorants, pushed far enough to get their relaxing effect, suffice.

It is necessary for the practitioner to have numerous remedies available, as he will often be disappointed in one, and contrary to his experience, find another to work admirably.

In the continued treatment of asthma, there are predisposing causes that must not be overlooked. Perhaps the most potent among these are disturbances of indigestion. Such articles of food calculated to set up this reflex disturbance

should be excluded. Exposure should be avoided.

The benefits derived from changing climate are so varied that it is not a typical measure, unless it should be a peculiar form of asthma dependent on some pollen or other irritating substance floating in the air. In this case a change of location might prove beneficial.

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, April 1,
Movement of population for March:

	Men	Women
Remaining Feb. 28, 1885...	358	286
Admitted, curable cases...	1	6
Admitted, incurable cases..	11	7
Whole number treated...	370	299
Discharged, recovered....	3	3
Discharged, improved.....	2	6
Discharged, unimproved...	6	7
Discharged, died.....	2	2
Remaining March 31.....	357	281

Yours respectfully,
GERSHOM H. HILL, M.D.

ARTIFICIAL SEA AIR.—Many, in our day, are the luxuries that the magician's wand of invention now brings into the midst of our homes. As an instance, to produce a sea atmosphere for the sick room, a foreign contemporary suggests the use of a solution of peroxide of hydrogen (100 times strength) containing 1 per cent of azonic ether, iodine to saturation, 2.50 per cent of sea salt. The solution is placed in a steam or hand spray dispenser and can be distributed in the finest spray in the sick room at the rate of two ounces in a quarter of an hour. It communicates a pleasant sea odor, and is probably the best purifier of the sick room ever used. It is a powerful disinfectant, the same author recommends it as well as deodorizer, acting briskly on ozonized test solutions and papers. It might be well to test the subject in the ward of one of our hospitals.—*Scientific American*.

THE
Medical Reporter.

IS, MARCH, 1885.

EDITORIAL.

EDITORIAL NOTES.

We are that we are prepared the profession of the cotemporaries, that the hearty support, which we giving, is so substantial positive assurance that will be enlarged and added in its appearance, in commencing, in all probability the first number of Volume one the full extent of not be determined, as it that upon the extension response being daily re-

* *
cation of the last number of the REPORTER has one thousand letters of which contained the as, "Are you in favor of regulating the practice of medicine upon your experience and provisions would you enact a law?" accompanied by a request to contribute to, and that, the REPORTER. So lies, that, at present, we our correspondents the immediate reply; therefore, this time, and in this way, and express our gratitude. We have kindly answered our have taken the liberty to from some of these let-

ters, always concealing the identity of the writer, save where authority was given. While we know that these letters were not written for publication, and were intended to be confidential, we believe no one will blame, and all excuse, when they see that we have in no way violated that confidence, and that by this publication of extracts their authors will see like views from others.

* * *

THE question of organizing a state medico-legal society, as raised in our last issue, has met with so much general approval, through correspondence, that we will say to those who have written us encouragingly and approvingly, that the subject will receive further attention in the near future. In the meantime, we shall be glad to hear from others who are interested.

IOWA STATE MEDICAL SOCIETY.

THE thirty-third annual session of the society will be held at Cedar Rapids, beginning May 20, 1885, at 10 a. m.

Supplementary to the routine and general work of the society, there are reports promised from the chairman of each section upon the subject matter of his section. On Medicine, G. P. Hanawalt, Des Moines; Surgery, H. B. Ransom, Burlington; Obstetrics and Gynecology, D. Macrae, Council Bluffs; Materia Medica, John North, Keokuk; Ophthalmology and Otology, C. M. Hobby, Iowa City; Public Health, W. S. Robertson, Muscatine; Microscopy, D. S. Fairchild, Ames; Necrology, each congressional committeeman.

In addition to the above, papers have been promised by L. J. Alleman, Boone, "Injuries to the Spinal Cord;" H. L. Getz, Marshalltown, "Conservative Surgery of the Hand and Foot;" S. W. Moore-

head, Eagle Grove, "Certain Indications for the Administration of Medicine;" T. S. Parr, Indianola, "Some Thoughts upon the Relations of the Material Forces to Matter, and the Therapeutical Value of some of these in the Treatment of Disease;" W. F. Peck, Davenport, "Surgical Practice on the Organs of the Abdomen;" John North, Keokuk, "The Importance of Chemistry to the Physician;" E. H. King, West Liberty, "Treatment of the Umbilicus in the New Born—Why do we Use the Belly Band on the infant?" Rosa M. Upson, Marshalltown, "Scurvy;" A. L. Worden, Des Moines, "Obstruction of the Bowels and its Surgical Treatment;" J. M. Emmert, Atlantic, "Plaster of Paris as a Preventive Dressing in the Treatment of Fracture;" L. C. Swift, Des Moines, "Spinal Irritability as a Distinct Disease;" F. E. Cruttenden, Des Moines, "Vocal Gymnastics, and their Use in Diseases of the Throat and Nasal Passages."

Papers, titles not reported, will also be read by J. A. Jenkins, Keokuk; E. M. Reynolds, Centerville; G. M. Staples, Dubuque; and P. W. Lewellen, Clarinda.

The amount of professional and routine matter is such, that it will require a three days' session; and if the society devotes the time to the unfinished and new business that they require, the session should be made three and a half, or four days.

The officers of the society, as heretofore, are confronted with certain evils that should be corrected. They arose from accident or necessity, and, through indulgence, they have gradually increased. In justice to the officers and to the society (without intending personalities), the individual members should so conduct themselves, and insist upon others so doing, as to avoid the rambling and unnecessary discussion that each subject, irrespective of its importance, brings forth. This

discussion is oft the feeling that they wish to the originator of their approval. It is a custom, that during the session, members were coming out, often in the address, or imposing a few exceptions, though it is a right that should be demanded from all.

The custom, of the press papers that is received, is one that is not to be. The paper having been accepted by the society's property; and at that time, has been given to other members or give to other members it had never been.

In addition to the routine of professional papers, several items of business, some carried over from the previous session, and some new, will be presented. Of minor importance to the society; other matters of an evolutionary period of retraction, fully attempted, having the goal to produce measures are necessary, or retraction, or policy of the broad and liberal of conservative, as the old measures will give progress, and for That the la

lar profession, and of the laity, there can be no doubt. The press has answered for the people. The profession have answered through correspondence. Therefore all measures should be, and will be at this time, judged by their relation to the latter policy.

The most important of the unfinished business is the revision of the constitution and by-laws, which is in the hands of Drs. Robertson, Williamson, and Kennedy for report. The constitution and by-laws need improvement. The existence of this committee indicates the general approval. Time should be set apart early in the session for their report.

The committee on school hygiene will have an interesting report, provided the State Board of Health has reported to them, as requested; if not, the subject is still before the society.

The resolutions to come up for final action, as amendments to the constitution, "that no delegate shall be received from a local or district society when there is a regularly organized county society in that section," and "that all similar societies shall report between the first, and last day of January, of each year, a roster of officers and members, requirements for membership, and an epitome of work done, so that the committee of arrangements can have some data in which to judge of the actual working status of said societies. The latter should be adopted, and placed in the revised articles. The first resolution is intended to prevent irregular men, and regular men who are practicing irregularly, from organizing themselves into a society and obtaining representation in the State Society.

Were all the county societies what they should be in tone and quality of membership, and in progressive work, and were all the active societies county societies, then, possibly, it might be wise to

adopt a straight-laced conservatism that will prevent representation from all other societies. The evil that this resolution is intended to correct, should be corrected, but by other means. The society should remember that more than one-half of its members are from the district auxiliary societies, and that many of these district societies extend over territory having county societies. This resolution would disfranchise all such district societies. Many of the county societies are known only by name of organization, and a roster of officers and members; their moral and active work is nil; they contain a few (usually not the majority) men who are active and progressive, who wish for something better, and who have complained bitterly at times of their society. (Our files contain abundant correspondence supporting these statements.) As there are not more than a dozen county societies in the state that are doing good work, it seems like a step backward. There is another reason, it is introducing a system of politics; not state, local, or national, in the usual acceptance of the term, but medical politics. By restricting representation to one county you can readily combine county influence, congressional influence, and, finally, congressional representation. This is stifling, and binds all steps of progress within an unyielding machine. The representation is now controlled by a few because of the disinterestedness of the many, and their dislike for self-assertion. The representation of some congressional districts is greater than that of others. The only just and equitable representation is one per membership, without regard to territory. The only representation, should be by delegates, who are themselves qualified, from a qualified society. By a qualified society, we mean one that

conforms in spirit and letter to the national code, and to such qualifications as the State Society may, and should, require of all auxiliary societies in lieu of the above resolution. For these reasons, the State Society rather than discourage, should encourage the formation of new societies; should encourage activity. This is an age of progress; times change, men change, and societies must change. Those societies that will not change justly deserve the abandonment they are receiving, and they should not be upheld as an impediment to the formation of societies that will do good, and active work; that will make and enforce provisions, and will uphold the spirit of the code, and the constitution of the State Society.

The committee of arrangements are making complete and ample provision, and the society can look forward to a pleasant entertainment.

"MEDICAL LEGISLATION."

THE last time this subject was called to the attention of our readers, through our columns, we volunteered some whole, some advice as to what this, or that party or society should do, preparatory for the annual meeting of the State Medical Society. Considering that it would be well for us to take a little of our own advice, we commenced by opening a large correspondence with members of the regular profession of this state; a correspondence, that numbers over one thousand letters from us. The result of this correspondence we have placed, in part, before our readers. The extracts published were taken without any selection, and from the letters as they were received. Our later answers show more care and thought upon the subject than the average of those published. A very large per cent of answers have been received, and others are being received daily.

The evidence, contained in these letters, is conclusive, that the regular profession desire a law regulating the practice of medicine, and that they differ widely in detail as to the requirements of such a law; but that in the main, they agree upon the Illinois law with some modifications.

A critical examination of the special provisions given, shows that there is very little conflict of ideas, other than many have left out the provisions that others have inserted. Summarizing the provisions published, and those in our hands, not published, we find that the profession of Iowa want a law similar to the Illinois law, that will contain as additions, or changes, a provision for a more thorough education; a provision that all practicing physicians shall hold a diploma from some creditable school; a provision recognizing that the present status of physicians is one, that the absence or presence of a diploma does not indicate proficiency, or want of proficiency; a provision that the state board should be one other, and independent, of the State Board of Health; and a provision that the regulations should be stringent, and the penalties severe. The methods suggested to attain these provisions differ greatly. For example, the provision for a more thorough education, contains among other suggestions, compulsory examination every three or five years; a "a government board of examiners;" no schools in towns with less than one hundred thousand inhabitants; should hold diplomas regardless of time of practice; all physicians should pass a non-teaching board; should close up the medical schools; should require a longer term of study. The prohibitory clauses suggested, prevent all who are not graduates from practicing; require an impartial examination of all who are practicing medicine to determine their

qualifications, irrespective of diploma; provide for a state board consisting of from three to seven members, non-teaching, who are not members of the state Board of Health; call for stringent regulations, and the employment of the proper legal counsel to so frame

bill that it cannot be evaded; and they ask that the penalties be severe, imprisonment, and fine from five hundred to a thousand dollars. These examples present the expressed feeling, as to the spirit of the legislation, of those who have touched at all upon any one of the several ideas, with the exception of a very few, not more than half a dozen, who have united in a general disapproval of the whole subject. The essential pioneer work, the personal expression, has been accomplished; there remains yet, the concerted action, not only in the framing, but in the final work to secure the passage of the bill. In this correspondence, number of doubts, and a good many reasons for them have been given on the timetate success. While we do not believe in "cannot," the reasons given for want of success are in full accordance with those heretofore expressed by us.

This subject is too great, and will require too much time, to be entertained by the society during its regular session. We again suggest, that the society appoint representatives from members present, who represent the auxiliary societies of the state, so that each society shall be represented, that it appoint a number of representatives at large, and that this committee of representatives withdraw from the body of the society, and in a committee of the whole, consider this subject, establish the essential features of the medical bill, and suggest provisions by which it can be properly constructed and pressed for final pas-

sage. Adopting this method, it cannot interfere with the regular work of the society, and during the three days' session there will be ample time for this committee, provided it is not too large, to exchange expressions and come to some mutual understanding.

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, April 1, 1885.

Movement of population for February:

Present, February 28.....261
Admitted during March..... 6
Discharged during March..... 0
Died during March..... 1

Present, March 31..... 266

F. M. POWELL, *Supt.*

SOLDIERS' ORPHANS' HOME.

DAVENPORT, April 1, 1885.

Movement of population for March:

Present, March 1... ..273
Admitted during March..... 5=277
Discharged during March..... 1

Remaining March 31..... 277

Of these 128 were girls and 149 boys.

Respectfully,

S. W. PIERCE, *Supt*

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, April 1, 1885.

Report for March:

	Men	Women	Total
Remaining February 28	269	215	475
Admitted in March.....	15	9	24
Returned from visit.....	2	1	3
Total under care in the month.....	277	225	502
Discharged during month..	18	6	24
Daily average.....	259	217	476
Discharged, recovered.....	7	3	10
Discharged, improved.....	4	3	7
Discharged, unimproved...	5	0	5
Discharged, died.....	2	0	2
Remaining March 31... ..	259	219	478

H. A. GILMAN, *Supt.*

— THE —

IOWA STATE MEDICAL

A MONTHLY JOURNAL OF MEDICINE

VOL. II.

DES MOINES, IOWA, MAY, 1

ORIGINAL ARTICLES.

PULPLESS TEETH.

BY DR. WILSON, OF BURLINGTON, MEMBER OF THE FACULTY OF THE DENTAL DEPARTMENT OF THE STATE UNIVERSITY.

[Extracts of a paper read before the Iowa Dental Association at their late annual meeting.]

A pulpless tooth is not necessarily a dead tooth, but a dead tooth is, of course, a pulpless tooth. The adjectives "pulpless" and "dead" are not, therefore, synonymous, although frequently so used, especially by medical writers. Let us note the marked distinction between the two. A pulpless tooth may be a part of the living organism—a dead tooth has its nutritive supply entirely cut off, and it is in every sense a foreign body—it is dead and inert. The former may be restored to health and usefulness—the latter should always be condemned as a nuisance that cannot be abated without the use of the forceps. * * * *

Having thus briefly called attention to the fact that the dentine and cementine derive their vitality from independent sources—that the life of the one is not dependent upon the life of the other—that a pulpless tooth is not necessarily a dead tooth—we are prepared to consider, understandingly, the subject of this paper. It may, however, seem like presumption on the part of the writer, in thus offering the forgoing to an intelligent body of dentists, when every student of dentistry at the close of his junior year

should fully stated. But of this subject, "Dead Teeth" appeared, from two years, in *cord*, and as high sources they deserve. The able editor Samuel Sexton and aulist of 1 principal write

The *Medical* contains a report of Dr. Sexton, due to Irritation scribes a number which he found eased teeth.

He goes on to say had become such diseased teeth had tained in the jaws, the head were become."

The same number contained an edit in the *Jaws*," which "Perhaps the time medical men should informed concerning and mouth, rather ments of this region: limited knowledge or prevent them from '1 long after their presence given rise to alveolar ralgias more or less not be strange if, in the day would soon be without pulps, and he

id decay, as well as those of tartar, or other cause, rely divested of periosteal would be promptly con- to remain in the jaws, as foreign bodies liable t only to cerebral irrita- in the organs of special the propagation of local the mouth to the regions to endanger likewise the hrough purulent matter the mouth from alveolar continuously swallowed , or, indeed, in some in- sorbed and thus produce oning. It is certainly te the establishment of al surgery in some of the and it is to be hoped that receive the attention its ands."

tes the readers of the cases of otalgia resulting eeth. I have no doubt f the dentists before me with almost that number ice every week; nor do ifficult thing to render nd that, too, in a large without the use of the believe that I am war- that in at least three- cases met with in our the reflex pain in the d living pulps, and not he jaws."

teeth do cause reflex in the head, but fre- note parts of the body, n by every competent d that Dr. Sexton has he fact, that diseased y cause reflex pain in her neighboring parts, abscesses very often fections of the maxil- ne nasal passages, and will endanger the gen- s to be regretted, how- or has found it neces- , unfortunate state of ance of dental practi- no way responsible many cases met with

in practice, for there can be no doubt but a very large majority of the teeth caus- ing the troubles above referred to have never received any treatment whatever at the hands of dentists, and because Dr. Sexton has discovered that in certain cases pulpless teeth (or dead teeth as he calls them), has caused the ailments above referred to by Dr. Sexton, there can be no doubt. Every dentist of any considera- ble experience can enumerate such ex- periences by the score, and the medical profession has only been to slow to recog- nize the facts discovered by Dr. Sexton.

The only difficulty with these medical gentlemen is, that they have drawn very erroneous conclusions from the impor- tant discoveries they have made. Their limited knowledge of the minute struc- ture of the dental tissue, and the source from which each derives its life, is mani- fested by the erroneous statements upon which they have based their arguments, and then after arguing from false prem- ises, Dr. Sexton says: "In regard to the treatment of pulpless teeth, the practice in vogue seems the reverse of procedures founded on well established surgical principles." And in an editorial of the same issue we are informed that the treatment of diseased teeth is carried, to what "the medical minds regard as a dangerous extreme."

That some members of our profession have been over zealous in their efforts to save all diseased pulps alive, there can be no doubt. We will occasionally meet with an enthusiast in our profession who will say, "I have no use for forceps, I never extract teeth." I have heard that statement made on the floor of the Iowa State Dental Association.

That incurable diseased teeth should not be tolerated in the jaws does not ad- mit of discussion. Good common sense ought to settle that question. And again, there are extremists who never devitalize diseased pulps, no matter how badly ex- posed, but "doctor them up," and stupify them, and then bury them in a living grave. Much evil has grown out of this practice.

Some one has said that to cap a badly exposed pulp is to create a slumbering volcano, and he might well have added

that such volcanoes have but a limited time to slumber. Gentlemen, there are in our own country ten thousand volcanoes belching forth—not pure molten lava—but impure gases and putrescent matter of the most sickening character. The craters to those volcanoes are not found on the mountain top, but they are found in human mouths—in the antrum of Highmore, in the nasal passages, and externally on the face, neck, or even on the chest.

When the pulp of a tooth is dead and confined within its bony walls an outlet is sought, and must be effected for the escape of impure gases arising from the decomposing pulp and for the putrescent matter associated with it. When thus confined its only way of escape is through the dental foramen, and into tissues adjacent thereto. The pressure thus brought to bear upon the bony walls surrounding the apex of the root will in time perforate it at its weakest point, and the poisonous matter is forced through the opening thus formed and into the soft tissues, which soon yield to the pressure, and the imprisoned mass of corruption is liberated. The pain and swelling now subsides, but a dangerous nuisance has been created. The channel formed from the apex of the root to an external opening will not close while it is used for the passage of foul matter and gases that will flow unceasingly from the pulp canal.

The remedy of course is to remove the cause, and assist nature in effecting a cure, and to do this the pulp chamber must be opened, its contents removed, the canals cleansed and disinfected, the abscess healed, and the roots filled to the exclusion of all fluids and purulent matter. But how often this is not done. How many thousands of suffering mortals are to-day dragging out miserable lives because of these drainage tubes emptying themselves into the oval cavity—into the maxillary sinus or into the meatus of the nose. Such an abiding nuisance in the mouth cannot long exist without ruining health. But how few of the unfortunate sufferers realize the cause of their nervous irritability, their loss of appetite, their feeling of lassitude,

their lack of energy, and their general prostration. And here let me say, that but few, in comparison to the number of these unfortunate sufferers seek relief at the hands of the dental practitioner. The patient is neither sick nor well, but debilitated and “good for nothing.” The family physician is consulted, nervines and tonics are administered, but to no avail. The septic matter is vitiating the air that is breathed, and poisoning the food that is eaten. The saliva that is poured into the mouth from the various glands must mingle with this poisonous matter and carry it into the stomach.

Sanitary means are being employed in all our cities at the present time, in view of the cholera scourge that it is feared will sweep over our land the coming summer. Our physicians wisely talk and write about the baneful influences of impure water, about miasma arising from the decomposition of vegetable matter, and about unwholesome food, and it would be well if the public would heed their timely warnings. And as dental practitioners, I feel that we, also, have an important duty to perform, in enlightening our patients, and the public so far as we are able to do so, in the direction I have above indicated.

The subject is of paramount importance, and as the opportunities come to us in everyday practice, let us not fail to impress upon the minds of our patients (when we find it necessary to do so), the fact that a clean mouth is essential to health.

The agitation of this subject, by the medical profession, is a step forward. Hitherto medical men have not given the matter the attention its importance demanded. And now that this new light has dawned upon Dr. Sexton, it is not strange that, in hastily drawing his conclusions, he should have mingled much of error with the truths he has discovered. Possibly some of the cases that have come under his notice may have been the result of bad practice on the part of incompetent dental practitioners, but to charge the dental profession with their short-comings would be a matter of great injustice. Dr. Sexton is too hasty in his conclusions. First, he discovered

that certain pulpless teeth had caused certain ailments, hence he condemns all pulpless teeth. He has discovered that certain dentists have failed to treat such teeth successfully, hence he condemns the dental profession for attempting to save such teeth. It would be equally fair to condemn the whole medical profession, because of the incompetency of some of its members. But before dismissing the subject of pulpless teeth, it may be well for us to examine the subject a little more carefully from the standpoint of the medical writers above referred to. We cannot afford to make a mistake with regard to so important a matter. The higher a man stands in his profession, the more serious the mistakes he makes, and the more important it is that his practice be sound. An enthusiast or an extremist may injure a good cause. There are such men in our ranks.

A few years ago a prominent dentist said, "The tooth's pulp is its soul, and it is criminal to destroy it."

I heard another prominent dentist say, "If I find a part of the pulp dead, I amputate the dead tissues, and save the balance of the pulp alive."

A dentist has just moved away from Burlington, who has been in practice there for fifteen years, and during that time he has been using arsenic for obtunding sensitive dentine, and he has succeeded in accomplishing his purpose admirably. I have found in one month half a dozen filled teeth containing dead pulps, and, of course as many alveolar abscesses in active operation. The evils arising from such abominable methods of practice are simply appalling.

* * * * *

I have less frequently met with cases where those fistulous openings were on the neck or chest. In those cases the roots of the teeth are usually long, and when the abscess breaks through the lower border of the jaw, and the pus comes in contact with the soft tissues, it follows the course of the muscles and forms a sinus as it gravitates to some point on the neck or chest. I have known of a number of such cases being under medical treatment for years, where the affection was supposed to be of a strum-

ous nature, and the real cause was not suspected, and in every case a rapid recovery has followed the extraction of the offending tooth.

* * * * *

Gentlemen, I have no doubt but the most of you are disappointed in the nature of this paper. I have scarcely alluded to the treatment and filling of pulpless teeth. That had not been my purpose. But I have wished to call attention to the fact that a large majority of the ailments above referred to have been due to diseased teeth that have never received any attention whatever at the hands of competent dentists.

That pulpless teeth and roots may be treated, filled, and preserved in health in a majority of cases, is a settled question. Every well-informed dentist knows that to be a fact, the distinguished Dr. Sexton and the able editor of the *Medical Record* to the contrary notwithstanding.

UNIQUE MIDWIFERY.

BY S. B. CHASE, M. D., OSAGE.

The following somewhat unique case, which fell into my hands yesterday, both amused and troubled me. The day was cold and rainy; the distance, 13 miles; the lady, the wife of a well-to-do German, in labor with her tenth child; and an old grandma, twenty-four hours in attendance, vainly striving to perform an impossible task.

The old lady gravely informed me that becoming convinced the child was held back by the cord, she introduced her hand and found it three times about the child's neck. This she unwound! and proceeded to deliver, or at least about two feet, for a hand hold. The unwinding may be left safely to our readers. The cord delivery was a fixed fact.

The woman was in hard labor, the womb contracted and unyielding. The head, presenting transversely, the occiput to the left, was flexed laterally by impinging upon the symphysis, and impacted firmly in the superior strait at its entrance. Satisfied that delivery without assistance was impossible, I attempted to apply the forceps, when lo! the

A vernian words of Aureas flashed upon me: *Hoc opus, hic labor est*. The plain fact is, I could not apply them. To add to my trouble, and increase my discomfort, a large excrescence, polypoid in appearance, protruded from the inner portion of the right labia majora at its longer third, while upon every attempt to introduce the forceps the prolapsed funis appeared omnipresent. This might have been ligated and removed, and probably should have been.

After a profuse and protracted sweat, I succeeded in introducing one blade of my forceps; and by using it as a vectis was able finally to introduce both blades and deliver a ten pound dead child. The mother and friends were grateful, and I was happy, although pretty effectually wilted. I earnestly importuned the lady to have that excrescence removed, offering to perform the operation *scot free* rather than encounter it in another labor.

CHLOROFORM WATER.

BY A. D. BUNDY, M. D., ST. ANSGAR.

In Vol. CXII, No. 4, *Boston Medical and Surgical Journal*, chloroform water, water saturated with chloroform, is treated editorially. The writer, in describing it, says that it was first formularized by Guillot, in 1844, and that afterward it was made the subject of a series of trials by Lasagne, Reynauld, and, more recently, by Beurmann. It is a stable preparation, easily prepared, and agreeable to the taste; and when diluted one-half with water it is devoid of all piquancy and acidity. After reading and studying the above named article on the subject, I immediately prepared some and began its use, substituting it for syrups in cough mixtures, and using it in all solutions containing iron. Besides its other merits, it has marked analgesic power. It is an admirable remedy in nausea, vomiting, and gastralgia, and with morphia it is one of the most desirable of sedative cough mixtures. It is said to disguise almost entirely the taste of salicylate of soda, chloral, and bromide of potassium.

I have used it daily for a long time in my syrupy mixtures, and patients have never I can.

To prepare it: Take a 1 bottle and nearly fill it with water; then add three or drachms of Squibbs' chloroform, shake it every set tightly, and then set for an hour or so, and the side until the excess of the settled at the bottom of the bottle it can be seen in globules. 1 hours before the excess is we Syphon or decant the solution the excess of chloroform. It is beautiful, clear, and sparkling, for Below I give a small list of great which I am using it with Beurmann, also a small list from grain

R.—Morphia sulph.
Chloroform, 4 fluid drams; 1

M.—Dose, a teaspoonful every irritating coughs, also in nausea, etc.

R.—Tinct. Ferri. Mur. 4 fl. oz. Acid Phos. Dil., 1 oz.; Chloroform 6 oz.

M.—Dose, a teaspoonful in half glass of water before meals as

R.—Brom. Potass., 2 drams; Camphor, 2 fluid drams; Syrup, fluid drams; Chloroform water, 1

M.—Dose, from ¼ to 1 teaspoonful therapeutics of infancy.

R.—Salicylate of Soda..... Syrup

Peppermint water.....

*Dilute chloroform water. Be

Mix.

*Half water.

R.—Chloroform water..... Peppermint water..... Water

M.—Dose, a tablespoonful of stomachic tonic.—Be

In the search after new try the Aqua Chloroform

TRAUMATIC EMPYEMA — GRASS SIX MONTHS AND TWENTY DAYS IN THE LUNGS.

BY R. W. SEAY, M. D., PILCHER'S POINT,
LOUISIANA.

A BABY, March 5, 1884, while playing in a room, picked up a piece of foxtail grass, having a beard and a stem each an inch long, which passed through the mouth, larynx, trachea, right lung, and pleura, and which I extracted therefrom on September 25, 1884.

On the night of September 16, I was called to see Alice B., aged one year and three months. The messenger who came reported that the child had been "spitting up its liver." On arrival, at the house, I saw a baby, weak and feeble, its pulse, 160; temperature, 102; respiration, about 40. The lungs were resonant upon percussion, except at the lower part of right lung, where there was dullness; breathing, intensely puerile; violent paroxysms of coughing, during which she threw up a quantity of thin red blood. I inquired of the parents whether or not she had swallowed any irritating substance. They said she had not; that she had had fever for several days; had been sick, at intervals, for some months past, and had passed some lumbricoid worms. I was shown an ordinary coffee cup, three-fourths full of clotted blood, which the baby had coughed up, and it looked really like the liver we buy from a butcher, so that the ignorant parents thought the child was spitting up its liver. The blood was in the form of tenacious coagula. I softened and dissolved some in tepid water, but found other small clots which would not dissolve, that were afterward proven to be shreds of mucous membrane. My diagnosis was hæmoptysis and hæmatemesis. The latter, probably, from the violent and continued coughing and straining. I gave fluid extract of ergot every fifteen minutes, later, alternating with aromatic sulphuric acid. Crushed ice was given every five minutes. There was much prostration and feebleness of pulse, but the elixir vitriol soon gave strength as it began to circulate through the arterial

system. In four hours, I had checked the flow of blood. As soon as this condition had been attained, I omitted the acid, and gave, in its place, iced milk. The fever, cough, and expectoration of mucus, continued for several days, proving the existence of pneumonia. I gave nitre, syrup of aconite, tinct. veratrum-veride, and syrup of ipecac, which kept the fever and cough under control, and I used quinine in small doses as a tonic and anti-malarial. On September 17, the fever had abated considerably, and I began to hope for recovery. On the nineteenth, I found at the lower and back part of the right lung, below the seventh rib, a soft enlargement. I used a hypodermic needle in two places and found pus. In the first exploratory introduction, there was obstruction to the entrance of the needle, and hence my second puncture. I lanced, and there was a profuse flow of pus, which continued until the twenty-first, when I injected carbolized water, and left in a drainage tube. The water ran out at the two exploratory junctures. When I inserted the tube, which was one-fourth inch in diameter, I passed a thread through the outer end and tied it loosely to the clothing to prevent its being drawn into the pleural cavity. Later, the parents tied the tube in tightly, so that the orifice in the pleura was one-half inch wide, and I could see between the visceral and parietal layers for two inches. On the twenty-fifth, in the place where I made the first exploratory puncture, there was something in the orifice, and upon pulling it out, I found it was a piece of grass. When I showed it to the parents, they, for the first time, told me that the child had swallowed it many months before, but they thought it had been coughed up, as the child had a violent attack of coughing after the grass was swallowed.

On the twenty-fifth, I removed the tube. On the twenty-eighth, there was slight redness around the two orifices, where I had punctured the abscess, and on October 2, there was an adhesive inflammation around and near these two places. On the fourth, they were completely closed. The child was weak in the right side for some weeks, but otherwise made

a rapid recovery, and up to the present time, March, 1885, is well and strong for a child of its age. The hemorrhage and pneumonia was caused by the grass as it ulcerated its way through the lungs, causing a rupture of some of the minute arteries in its passage.

THE PREVENTION OF OPIUM ADDICTION—WITH SPECIAL REFERENCE TO THE VALUE OF GALVANISM FOR RELIEF OF NEURALGIC PAIN.

BY J. B. MATTISON, M. D. BROOKLYN, N. Y.

[Read before the King's County Medical Society, February 17, 1885.]

PAIN is the paramount cause of addiction to opium. Barring slaves to the pipe—who are simply victims of a vicious indulgence—exceptions to this statement are so infrequent as to weigh little against its correctness as a whole. In an experience embracing many cases, but a single instance to the contrary has been noted. Granting this the great genetic factor, and believing prevention better than cure, one can appreciate the surpassing importance of the therapeutics of pain in relation to the prophylaxis of this growing neurosis.

Peerless among anodynes is opium, yet it is potent for evil as well as good, and its power for ill is one which we believe the profession at large has not an adequate conception, or, if aware of it—fails to realize it to the extent it deserves; and not until the mischief is done beyond their undoing, do they rise to an appreciation of what a subtle enemy is ambushed behind a seeming friend.

The power of opium to make itself a necessity—to create a demand for continued taking, would be almost incredible, were not so often attested by sad experience. The writer's belief in this peculiar property becomes more profound with each case coming under his care, and when medical men, in general, accept it as a fact, and act accordingly, we believe the steadily growing proportions of this toxic disorder will be speedily checked and decline.

Pain, be the character what it may, if sufficiently persistent, and the giving of

opiates too prolonged, will, almost unfailingly, beget the disease. But it is to the strictly neuralgic type, the one so often encountered by every day medical men, that this assertion pre-eminently applies. It goes without saying that in no other land does this outcome of impaired nerve tone prevail as with us here. Why this, is well known, and need not detain us here. The fact cannot be gainsaid, that neuralgia abounds and that its treatment with opiates—especially morphia hypodermically—has made more opium habits than can be placed to the credit of any other one cause.

It would illy become us to assert that this lamentable sequel can be entirely prevented, but we certainly think it can be largely lessened, and the special point of this paper is to invite renewed attention to a remedy the value of which the profession, at large, has not, we think, proper knowledge and appreciation, and which, in our opinion outranks all others as a substitute for opium in the relief of neuralgic pain.

Dr. Anstie, in his unrivalled work on Neuralgia, speaking of electricity in its treatment, said: "I shall make bold to say that nothing but the general ignorance of the facts can account for the extraordinary supineness of the mass of English practitioners with regard to this question." Nearly a decade and a half has passed since this was written, and yet we believe it is true, to-day, of many American medical men. Certain it is, no physician who has not had properly directed experience on this subject can form any idea of the possibilities for good possessed by a well equipped galvanic battery. Anstie's estimate of it was—"The constant current is a remedy for neuralgia unapproached by any other save only blistering and hypodermic morphia, and even the latter is often surpassed by it in permanence of effect: while it is also applicable in not a few cases where blistering would be useless or worse."

With this opinion we are in full accord, and a growing experience serves only to strengthen our conviction of its truth.

In a paper by the writer—*Louisville Medical News*, Feb. 23, 1884—attention

was called to the value of this agent in relieving migrains. Our present purpose is to ask consideration of its merit, by actual trial in the hands of those who have not employed it, for the relief of other neuralgic pain. Every physician who has given attention to the treatment of opium habitues well knows how often some form of neuralgia follows among the sequelæ of an opiate disusing. Those that slumber, as it were, during the opiate addiction, often, seemingly, take on a new lease of life. Others, that may be pronounced, are, essentially, the outcome of impaired nerve tone due to the opium taking. In either event, they must be remedied, if we would have the prospect of permanent cure at all promising.

One danger ever menaces the ex-opium habitue—the occurrence of pain and the risk of re-using opiates. To guard against this latter, he must needs lend every effort, for on its success his future depends. He who has escaped the thralldom of opium is no longer like his fellows. The boon granted them, if re-required, is denied him, for one dose of the old narcotic may undo all done months or years before—a truth many an habitue learns by sorrowful experience; but one which, happily, proves at times, an increased and assured protection against future ills.

To the ex-habitue, some substitute for opium is then a *sine-quo-non* and of all such with which we have had any experience, not one equals the galvanic current. It is a most valued ally, and our estimate of its worth increases as experience with it extends. Points in its favor as compared with remedies given by mouth, so far as regards unpleasant gastric or other results, need not be stated; they are self-suggestive. One great advantage it possesses is promptness of effect, often surpassing in this respect, even hypodermic morphia. The latter is sometimes ineligible, and when it acts kindly as an anodyne, is frequently followed by such nausea, vomiting, head-ache or general discomfort as to make the freedom from pain a relief dearly bought. No such charge can be made against the current, for when it fails, as at times it will, disagreeable sequelæ are not noted.

if the battery has been properly equipped and rightly managed.

We are not aware that ex-opium habitues possess any peculiarity or susceptibility that makes neuralgic pain in them any more amenable to galvanic treatment than when it occurs in those not addicted to this drug. If this be true, it follows that the latter are as eligible subjects for the constant current, with just as rich promise of successful result as the former. Authorities agree as to its value. Bartholow says—"There is no fact more certain than the power of galvanism to relieve pain." Others, commending it, declare, as did Anstie, that lack of knowledge as to its value and consequent failure to employ it, are largely, the cause of its limited use.

This paper, as asserted, is a plea for securing a practical acquaintance with it, at the hands of those who are now unaware of its worth. Electricity need not and should not be limited to the specialist. Every practitioner, if he will, may avail himself of it. Careful study of its theory will pave the way for success in its practice. Varied works of this topic are at his service, and, without disparagement to others, it may be said that the last edition of DeWatteville's treatise will bring him quite abreast the times regarding it.

One obstacle to its more general employment may have been the lack of a battery that combines three features desired—lightness, smallness, cheapness. Faradic batteries of this type abound, but the interrupted current is of very limited value in true neuralgic pain. Had the demand for such a battery, incident to a more extended use of the constant current, been created, we are inclined to think it would have been promptly supplied. At present we know of no galvanic battery unless specially constructed—that contains less than ten or twelve cells. Absence of a smaller and a less costly instrument has, we think, been a bar to more extensive use of electricity. As a fact, in very many cases, the larger batteries are not needed. Of all form of Neuralgia, facial is the most frequent and in many instances, a current of from 2 to 4 cells will suffice

for its relief. We have repeatedly proven this with the Bartlett battery, made by the Galvano-Faradic Company, which, when a large instrument—12 to 36 cells—is desired, has many points in its favor.

For those desiring a smaller battery, the Kidder Manufacturing Company make one of four cells, which we have known give entire relief in severe neuralgic pain. It is small, inexpensive, and efficient. Not only is it valuable in professional hands, but it is especially adapted to domestic use, details of its management being easily acquired and applied.

Galvanism is not here lauded as a specific for neuralgia, nor is it intended to serve as a substitute for well-directed general treatment to improve the impaired nerve status on which the painful bouts depend. Neither of these roles will it fill, although cases have been recorded where entire and permanent freedom from suffering has followed a single application, but this is not the rule. The great point gained by it, is relief from pain without resort to opium—the exceeding importance of which will be all the more appreciated when one considers the oft recurring outbreaks so peculiar to this disorder and the consequent need of repeated narcotic doses to secure the desired result.

Having decided on a trial of galvanism, the strength of current, points of application and length and frequency of sittings must be duly considered. Regarding all these, careful study should be made of some standard work on the subject; but, in general, it may be said, as to the first, it must be painless—nothing more than moderate tingling, burning or redness under the negative pole. When used about the head, a current strong enough to cause slight flashings of light if the eyes are closed when the circuit is broken, will usually relieve the pain. In a battery, newly charged, we have known two cells to suffice. Minimum strength is required about the brain: marked flashes, vertigo or faintness are excess, and must be avoided.

Neuralgia of the trunk and extremities requires a stronger current, the extent of

which individual peculiarity must determine.

The site of the electrodes varies according to the nature of the case, but as a rule, the positive pole over the vertebra corresponding with the exit point of the nerve affected and the negative over the painful part will succeed. Some insist on a reverse order—i. e., negative to the spine—but, in general, it is not essential; either will answer, though, as a fact, we have invariably noted, in bilateral cases, earlier subsidence of pain under the negative pole. In the latter, exceptions to this method may be practiced: for instance, in migraine, an electrode on each mastoid, or in supra-orbital or temporal, over each eye or temple.

Length of sitting varies. Anstie asserts 5 to 15 minutes the rule. We have repeatedly known less than the first sufficient and have not hesitated to continue it more than the latter if the attack showed tendency to subside. Prolonged seances are more allowable to parts other than the head and face. Pelvic neuralgias and sciatica most often require extended sittings. If several painful points, the current can be no longer given by varying the site of application, taking care not to break it by lifting the electrode, but allowing it to glide from one place to another.

Frequency of sitting depends on frequency of attack. Every bout should at once be arrested. The more promptly this is effected the better. It lessens nerve exhaustion and tendency to recur. Dr. Herbert Tibbits cites a striking case bearing on this point. A patient, for two years had been subject to attacks of neuralgic pain, occurring from six to twenty times daily. She was galvanized twenty times on the first day. Improvement was rapid: after a month's treatment, attacks were reduced to one or two weekly: in three months, patient was cured. Dr. Tibbits believes that in severe and obstinate cases, the full sedative effect of the current is only to be obtained by applying it as frequently as the paroxysms of pain recur.

Two cases, under personal care, will illustrate. Mrs. A. became an habitue from using morphia for relief of pelvic

pain. After twelve years addiction, reaching a daily taking of twelve grains hypodermically, she came under the writer's care and recovered. During her convalescence she had repeated attacks of neuralgia—seventeen, in all—and some exceptionally severe. Thirteen were ovarian, three trigeminal and one intercostal. In every instance, the constant current gave entire relief after a seance ranging from 6 to 20 minutes, with a strength of 6 to 16 cells. The negative pole was always applied to the painful part. This lady's husband is a physician, and in his hands, the battery has since served her well.

Mrs. B., recovering from an opiate addiction, had from one to four neuralgic attacks, daily, for nearly three weeks, and then, at increasing interval, a fortnight longer. They were bilateral—supra-orbital and through temples. Some were intense. Without exception, everyone was entirely relieved in from three to seven minutes by a two to four galvanic current. The poles were applied to the painful points, and it was invariably noted that the pain first subsided under the negative pole. Patient was instructed how to use the battery, and repeatedly did so with success. Leaving our care she sailed for the Bahamas, and in order to be prepared for possible neuralgic returns, we supplied her with a 4 cell Kidder galvanic, the efficacy of which we had determined by several trials, in which a two cell current gave entire relief. Tidings received since her leaving, prove it retains its power to remove the occasionally recurring pain.

Nothing could be more satisfactory—in fact we know of nothing so much so—as the prompt and complete success of galvanism in these cases, and they are not isolated examples. Their like abounds in medical annals. The Germans, notably, Niemeyer, have given some striking examples, making them, as has been well stated, "among the most interesting facts therapeutics that have ever been recorded." Then, there is at command a remedy so effective, and, withal, so free from dangerous result, we urge the profession all themselves more largely of this

powerful auxiliary in the therapeutics of neuralgic pain, instead of the so common resort to opiates, and, especially, the facile—yet so often fatal as regards the mental and physical health and happiness of many—hypodermic syringe. It is a trite story, but it is a true one—this using of opium to one's harm. Its importance can not well be over insisted on, and the right minded physician must admit and appreciate it, if he would conserve the well-being of many who consign themselves to his care.

But it is so easy to prescribe an opiate for neuralgic pain, that medical men—unmindful of possible harm—have been too often content to follow the old routine. Is it not time to begin a new order of things: to get out of the old path into one that will lead to better result, since free from the former risk?

Would it not be wiser for every practitioner to equip and acquaint himself with a galvanic battery, and make trial of this, rather than, at once, to opium? Would it not be far more prudent to provide his neuralgic patient—if occasion required—with this, and instruct as to its use, rather than supply morphia, or an opiate prescription, which, as everyone knows, can be so easily re-filled, to excess, or, most pernicious of all advice—since it is almost sure to have a ruinous ending—to counsel the purchase and self-using of a hypodermic syringe?

Let each one put this query to himself and weigh well the answer.

NOTES ON OPHTHALMIC PRACTICE.

BY C. M. HOBBY, M. D., IOWA CITY.

IRITIS—In spite of all that has been written and said, in reference to the use of atropia, in iritis, cases constantly present themselves in which iritis has been allowed to persist for weeks without the use of atropia; under which circumstance we must conclude that there has been a failure on the part of the medical attendant to recognize the iritis. Failure of diagnosis may, perhaps, to a limited extent, be excusable; but failure to use

atropia where iritis is recognized can never be.

There are but two conditions in which atropia can produce any injury, the intolerance of idiosyncrasy, and glaucoma; the first can only be recognized on trial, and is exceedingly rare; the second, belonging, as a rule, to advanced life, should be excluded by testing the visual field.

Unless then the physician is certain that iritis does *not* exist, atropia should be used in every case of redness of the conjunctiva, *and in every case of hem-icrania.*

The general practitioner will find many cases of so-called neuralgia yield to the simple instillation of atropia, and by this routine practice avoid the establishment of iritic adhesions.

GLAUCOMA—This painful and calamitous malady is apparently on the increase in Iowa, and I note three grave mistakes in reference to it, wide-spread in the profession, mistakes of so common occurrence that it would seem some reason for their existence could be readily found, but as yet I have been unable to find the source of these errors, which have cost the sight of many people.

First. The globe of the eye is not *enlarged* in glaucoma.

Second. The globe of the eye does not *protrude* in glaucoma.

Third. The pupil of the eye is not *green* in glaucoma, unless the disease has passed through its career to a hopeless termination.

If the facts above stated are borne in mind, the danger of neglecting to exclude glaucoma, in all cases of "neuralgia," in persons above forty years of age, can be understood.

RHEUMATISM—The poison which produces rheumatism is capable of producing lesions of the eye; and inflammations of the iris, or of the episcleral tissue, traced to a rheumatic source, either by individual or family history, will be found to yield with great readiness to the internal use of salicylate of soda; 90 to 300 grains given in the course of twelve hours affording complete relief to the pain of iritis, or the discomfort of episcleritis.

BICHLORIDE OF MERCURY—Since the

germicial properties of this agent have been established, it is again more frequently used as the active agent in eye-washes. It is well to note that great difference exists in regard to tolerance of this agent, one patient suffering for several hours after the instillation of a solution containing one-fortieth of one per cent, while another will bear readily one of two per cent. The same may be noted in reference to aqua camphoræ.

SOCIETY REPORTS.

DECATUR COUNTY MEDICAL SOCIETY.

LEON, May 1, 1885.

SOCIETY met at the office of Dr. Van Werden, and was called to order by the president at 10 o'clock A. M.

Owing to the temporary absence of the regular secretary, Dr. Horner was appointed secretary *pro tem*.

The name of Wm. Van Werden was presented to the society for membership and referred to the censors.

The subject of medical legislation next came up for discussion, and was opened by a well-founded and pointed address by Dr. Horner in favor of the same.

Society adjourned until 1 o'clock P. M. when it was called to order.

Wm. Van Werden was recommended for membership by the censors and duly elected.

The subject under discussion during the morning session was earnestly discussed by each member, and the laws regulating the practice of medicine of the various States were presented and their merits discussed. The Kansas law meeting the approbation of most members present, Dr. Van Werden moved that a committee of two be appointed to draft resolutions in reference to the subject under discussion to be presented at the next meeting.

Committee—H. C. Van Werden and J. B. Horner.

No cases were presented or papers read for want of time.

Adjourned to meet Friday, June 12, 1885.

E. W. DOOLITTLE, *Pres.*
H. R. LAYTON, *Sec.*

SCOTT COUNTY MEDICAL SOCIETY

DAVENPORT, April 2, 1885.

REGULAR meeting of the Scott County Medical Society, Vice-President Allen in chair, Dr. Byrne appointed secretary pro tem.

Present—Drs. Allen, Baker, Tomson, Bracelin, Cantwell, Crawford, Braunlich, and Byrne.

Dr. A. Radcliffe, of Bushnell, Illinois, and Dr. R. W. Hill, of Iowa City, being present were made members by invitation.

Minutes of special meeting read and approved.

A communication from the Jefferson County Medical Society was read and filed.

Committee on Credentials reported favorable on the application of Dr. Nichols for membership, who was then elected member by ballot.

Society then appointed Drs. Kulp, Leaves, and Bracelin as delegates to the American Medical Convention at New Orleans.

Dr. Baker read part of an essay on umbilical hemorrhage in new born children. Motion carried to request Dr. Baker to finish the essay and return it to the society for publication.

Dr. Radcliffe spoke of a case in his practice where the hemorrhage resisted treatment, coming not only from the cord but from adjacent tissues, and proved fatal; and said he believed that case of umbilical hemorrhage there existed a hemorrhagic diathesis which defied treatment.

Dr. Cantwell gave an interesting account of the meeting of the State Board of Health Conference, recently held in New Orleans, and thought the Mississippi Valley was taking active measures against a cholera epidemic that would be great import.

Considerable discussion then followed regarding the quarantining of school children in scarlet fever epidemics, and the relations between defective non-ferage and diphtheria, which is so prevalent here, and as to the treatment of pneumonia.

Society then adjourned.

P. J. BYRNE, Sec. pro tem.

DAVENPORT, May 7, 1885.

MEETING called to order by Vice-President Allen.

Members present: Drs. Allen, Braunlich, Byrne, McCowen, Nichols, French, Crawford, and Hayes.

Minutes of previous meeting read and corrected.

A communication from Jefferson County Medical Society, requesting cooperation to secure a medical law, was read.

The following delegates were elected to attend the Iowa State Medical Society at Cedar Rapids, May 20, 1885: Drs. W. L. Allen, Jennie McCowen, P. J. Byrne, C. H. Preston, Stella B. Nichols, J. P. Crawford.

The delegates were instructed to make an effort to secure the enactment of a law, regulating the practice of medicine as proposed, and to urge the state society to make it an issue.

On account of the long absence of the secretary, Dr. Maxwell, the secretary pro tem., was instructed to communicate with him and request him to notify the society when he would return.

A very interesting discussion followed on the subject of cocaine.

Dr. Allen applied the Oleate in Neuralgia.

Dr. Hazen gave some interesting facts from his experience, especially from its use in Iridectomy, he found no benefit from its use in enucleation; in the removal of foreign bodies, and in the removal of the Chrystalline lens it was excellent; in Glaucoma it was satisfactory. He had never used it about the ears.

Dr. Braunlich had used it in the extraction of a hollow tooth where the nerve was exposed; no pain was experienced by the patient.

Dr. French stated, dentists say that no benefit was derived from its use, and that Aconite and Iodine were preferred. He had seen a case of circumcision which was unaccompanied by pain.

Dr. Nichols was requested to prepare a paper for the July meeting.

P. J. BYRNE, Sec. pro tem.

THE MEDICAL ASSOCIATION OF NORTHERN IOWA.

MASON CITY, May 4, 1885.

THE seventh annual session of this association was held in the Dyer House parlors, May 4, 1885.

Dr. A. L. Wheeler, first vice-president, called the meeting to order.

The following gentlemen responded to roll-call: Drs. A. L. Wheeler, T. M. Blythe, S. H. Washburn, N. L. Kean, H. R. Irish, and J. C. Wright.

After reading and approving of the minutes of the previous meeting and transacting some other society business, Dr. G. T. Nelson, of Northwood, a graduate of Rush Medical College, was duly elected to membership.

Officers elected for the ensuing year are:

President—Dr. E. C. Miller, of Rockwell.

First Vice-President—Dr. A. L. Wheeler, of Mason City.

Second Vice-President—Dr. T. M. Blythe, of Mason City.

Treasurer—Dr. N. L. Kean, of Northwood.

Secretary—Dr. J. C. Wright, of Clear Lake.

Censors—Drs. S. H. Washburn, of Mason City; G. T. Nelson, of Northwood; H. R. Irish, of Forrest City.

Dr. Wheeler reported a series of cases of fistula in ano, successfully treated by laying open the fistula and packing with iodoform and absorbent lint; also a list of cases of habitual constipation, treated with small doses of aloin, nux vomica, and belladonna.

Dr. Wright reported a case of malignant growth situated in the soft palate, and also under the right eye of the same patient, which was variously diagnosed by members present, some calling it cancer or cancerous(?) others scrofula or tuberculous, and still others Norwegian leprosy.

Dr. H. R. Irish presented and read a well written report of a case of opium addiction successfully treated by the gradual diminishing of the dose.

These reports were all followed by animated and edifying discussion.

The question of a special meeting to be held at Clear Lake some time during the summer was left with the secretary and Dr. J. B. Charlton to arrange.

The meeting then adjourned *sine die*.

E. C. MILLER, Pres.

J. C. WRIGHT, Sec.

DUBUQUE COUNTY MEDICAL SOCIETY.

DUBUQUE, May 5, 1885.

THE Dubuque County Medical Society met in regular session on April 14, 1885, and adopted the following resolution:

Resolved, That the Dubuque County Medical Society favors such action by the State Legislature as will secure to the citizens of Iowa, that all persons persons practicing medicine or surgery within the limits of the State shall be properly qualified and educated.

J. F. MCCARTHY, Sec.

KEOKUK COUNTY MEDICAL SO- CIETY.

SIGOURNEY, May 5, 1885.

The annual meeting of the Keokuk County Medical Society met in Sigourney, May 5, 1885, at 1 P. M.

Members present Drs. Cook, Richardson, McWilliams, Quinn, Sherlock, Eckley and Auld.

Minutes of last meeting read and approved.

Dr. W. S. Parks was admitted as full member of this society.

After the ordinary routine of business, the subject of Medical Legislation was taken up and the following resolutions were unanimously adopted. "The Keokuk Medical Society favoring legal regulations in the practice of medicine in the State of Iowa, will therefore instruct their delegates to the state society to urge that body to take all necessary measures to present this question to the state legislature at its regular session, and request that honorable body to take appropriate action on the same."

A case was presented by Dr. Richardson: Child having shortening of one lower limb with slight curvature of spine. Examination followed by general

discussion with suggestions of different methods of treatment.

Dr. Cook presented a case of Orchitis which was very interesting.

Election of officers for the coming year as follows: Dr. Quinn, president; Dr. W. S. Parks, vice president; Dr. J. M. Auld, secretary; Dr. T. B. McWilliams, treasurer. Drs. Sherlock and Hamilton, censors.

Delegates to the State Medical Society to meet at Cedar Rapids, May 20, 1885, as follows: Drs. E. Quinn, J. M. Auld and C. B. Chickster.

Following the election of officers was the annual address by Dr. Richardson, the retiring president.

Adjourned to meet at Hedrick on the second Tuesday of July.

E. QUINN, *Pres.*

J. M. AULD, *Sec.*

IOWA HOSPITAL FOR THE INSANE

INDEPENDENCE, May 1, 1885.

Movement of population for April:

	Men	Women	Total
Remaining March 31, 1885.	357	281	638
Admitted, curable cases ...	2	3	5
Admitted, incurable cases..	17	5	22
Whole number treated...	376	289	665
Discharged, recovered	2	2	4
Discharged, improved.....	3	1	4
Discharged, unimproved...	3	0	3
Discharged, died.....	5	1	6
Remaining April 30.....	363	285	648

Yours respectfully,

GERSHOM H. HILL, *Supt.*

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, May 1, 1885.

Movement of population for April:

Present, April 1.....	260
Admitted during April.....	4
Discharged during April.....	0—264
Died during April.....	1
Present, April 30.....	263

F. M. POWELL, *Supt.*

IOWA HOSPITAL FOR THE INSANE

MT. PLEASANT, May 1, 1885.

Report for April:

	Men	Women	Total
Remaining March 31	256	219	478
Admitted in April.....	18	14	32
Returned from visit.....	1	1	2
Total under care in the month.....	278	234	512
Discharged during month..	7	9	16
Daily average.....	268	222	490
Discharged, recovered.....	3	3	6
Discharged, improved.....	2	5	7
Discharged, unimproved...	0	0	0
Discharged, died.....	2	1	3
Remaining April 30	271	225	496

H. A. GILMAN, *Supt.*

SOLDIERS' ORPHANS' HOME.

DAVENPORT, May 1, 1885.

Movement of population for April:

Present, April 1	277
Admitted during April.....	19—296
Discharged during April.....	16
Remaining April 30.....	280

Of these 132 were girls and 148 boys.

Respectfully,

S. W. PIERCE, *Supt.*

MEDICAL COLLEGES.

Minnesota has taken the lead in higher medical education. The medical department of its State University requires a four-years' course, and the final examinations are so rigid that out of fourteen applicants only two were able to pass. What other school can make so good a showing?

When a poor medical college feels particularly poor, it opens its doors to women.—*Medical Record.*

The irrepressible Dr. Buchanan, of bogus diploma notoriety, has been at his old business again. A few weeks ago he was tried and convicted, in Philadelphia, with his accomplice, who said that her assumed title, "M. D.," only meant "Money Down."

THE
Iowa State Medical Reporter.

DES MOINES, MAY, 1885.

EDITORIAL.

"MEDICAL LEGISLATION."

AFTER this time, the flag, medical legislation, will be taken in, and our readers will have a rest, for several months. It is not taken in because the subject has been abandoned, or the object fully accomplished, but, because it is policy to do so, and because agitation has accomplished its share of the work, and the balance of the work, yet to be done, can be accomplished better in a quiet way.

A short review of the difficulties overcome, and the work accomplished by the friends of medical legislation, and its present status, is in order. Upon the authority of some of the older members of the profession, about thirty years ago an attempt was made to obtain legislation requiring qualification of those who practice medicine and surgery, but too much ridicule, too much individuality, and too little harmony, direct opposition among the ranks of the regular profession and opposition without, and failure to use the influence that they had, have, from time to time, made all attempts result in failure. Latterly, the efforts have become more determined, each one being a little stronger, and combining more of the necessary elements of success. The opposition has not been idle, there has been a corresponding growth. Six years ago there was a more determined effort; the legislators considered this subject in a more serious manner. The moral effect of statutory regulations in other states was furnishing additional influence. Four

years ago the improvement was slight. Two years ago, had there been concerted action among the profession, or an unanimous or general endorsement of the bill, there would have been no difficulty in its final passage, although there was a strong organized opposition. The defeat it met at that time, and the general stirring up the subject received from the press of the state, from the auxiliary and state societies of the different schools have gradually brought about a unity in feeling, that, as we cannot hope to get the best, we should unite and get the best we can.

A few months prior to the late meeting of the State Society, some of the active friends of medical legislation made a personal canvass among the profession of the state. The responses were generally favorable, there being not more than three or four per cent opposition and that, mostly indirect, came more from the discouragement of past failure.

At the meeting of the State Society there was a determined effort among a very large majority to press a formal action and to get, if possible, an unanimous agreement upon some method of concerted action. This determination was backed by individual pledges and by the official action of many of the auxiliary societies.

By an unanimous vote, resolutions were passed providing, in substance, for an executive committee, with instructions to frame a bill, with the legal assistance to provide for the legality of its form and technicalities, that shall require all who practice medicine and surgery and its allied branches to be graduates of legally organized schools, or to be in active practice for five consecutive years prior to the enactment of the bill, that shall make the penalties fine and imprisonment, and that shall make

the State Board of Health the power to determine the right to practice under this act.

The resolutions also provide for a method to obtain concerted action of personal influence.

The executive committee is now taking steps to carry out the will of the society and the profession. Individual members will hear from this committee from time to time.

At the meeting of the Hahneman Medical Association of Iowa, just closed, a resolution providing for delegates and co-operative action was unanimously passed. There is reason to suppose that at the meeting of the Iowa State Eclectic Medical Society, to be held at Grinnell, next June, like resolutions will be passed. Thus we see that the old difficulty, diversity of opinion, is now in a fair way to be overcome, the most important steps having been taken.

The REPORTER has personal knowledge of the situation, and believes that the remaining difficulties will be easily overcome. In order that this work may be made as easy as possible to the executive committee, the REPORTER earnestly requests that each member of the regular profession, who has received a letter of inquiry, and has not yet answered the same, will reply at his earliest convenience.

EDITORIAL NOTES.

THE delay in getting out this number of the REPORTER was not due to any fault of the editorial staff.

* * *

A good deal of matter has been crowded out of this number for want of space, and those who kindly furnished any part of it, and have not yet heard from us, may expect to see their copy in print in the next number.

THE full report of the Iowa State Medical Society was very successful. A report of the proceedings, with comments, will be found in our next number.

BEGINNING with volume III the REPORTER will be enlarged to thirty-six pages of reading matter, set in book form. It will be printed on the same size paper as the current volume and in one size larger type. Its typographical appearance will be greatly improved.

* * *

THE original article, "Pulpless Teeth," is published because it has real merit and presents the views of a member of one of the allied branches of medicine—dentistry. The doctor, in his paper, differs somewhat widely from those of our profession who have directly or indirectly treated this subject. While not prepared to accept all the article contains we present it to our readers believing that it contains many valuable ideas.

MURIATE OF PILOCARPINE IN HICCUGH.—The unpleasant and lasting sequelæ which sometimes follow the exhibition of pilocarpine have, to a great extent, prevented its coming into the general use which its known virtues would seem to guarantee it. There are some complaints, however, so very distressing that the patient is willing to take almost anything that promises relief. One of these is obstinate singultus, or hiccough. A case of unusual obstinacy was recently brought to the notice of the writer. The hiccough had persisted in spite of every effort to subdue it for over forty-eight hours when seen. It was promptly relieved by a hypodermic injection of $\frac{1}{4}$ grain of muriate of pilocarpine. Except a profuse perspiration lasting a comparatively short time no unpleasant results followed.

Dr. Lewis A. Simpson has been elected to the chair of anatomy in the place of the late Prof. Darling.

—THE—

IOWA STATE MEDICAL REPORTER.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, JUNE, 1885.

No. 10.

SOCIETY REPORT.

THE THIRTY-THIRD ANNUAL MEETING OF THE IOWA STATE MEDICAL SOCIETY.

CEDAR RAPIDS, May 20, 1885.

FIRST DAY—FIRST SESSION.

Meeting called to order at 10:20 by the president, Dr. H. C. Huntsman, Oskaloosa.

Preceding the business of the Society, Rev. E. E. P. Abbott, Cedar Rapids, offered a prayer, and the president made a short address in which he said: I trust our sessions will be pleasant, harmonious, and profitable; and that each member will study the interest of the body at large, by individual contribution to order and necessary quiet while papers are being read and discussed, so that, in view of the limited time, we may progress as rapidly as it is profitable.

The secretary, Dr. J. F. Kennedy, Des Moines, desired all permanent members, who were sent as delegates, to register as permanent members and not as delegates, in order to prevent complication.

Dr. C. M. Hobby, Iowa City, for the committee on arrangements, reported that as far as possible the registration was being conducted as suggested.

Dr. W. Watson, Dubuque, could see no reason why a delegate from his local society, could not choose as to the manner of his signing. The fact that it confused the secretary's books, unless proper arrangements were made, should be no reason for debarring. The secretary replied that it would be a source of confusion, not only to him, but also, to the treasurer.

The committee on arrangements presented the name of Dr. S. R. Hewitt, Charles City, for membership by invitation. On vote, received.

The committee on arrangements presented a communication, setting forth that a society, embracing eclectics, homeopaths, and irregulars, as members,

would come, seeking representation to the State Society. On motion, the matter was referred to committee on ethics.

Upon inquiry it was found that the majority of the members of the committee on ethics was absent; therefore, Dr. T. J. Caldwell, Adel, advised filling the vacancies on the committee at once. The whole matter was finally postponed until the afternoon session.

The minutes of the last meeting were read only in part, as they were already printed.

Dr. W. Watson, Dubuque, moved to adopt and approve minutes without reading. Carried.

Dr. G. P. Hanawalt, Des Moines, on behalf of the committee on arrangements, requested members having papers to read, to report to the chairman of their section.

Dr. F. E. Cruttenden, Des Moines, presented some resolutions, saying, that he wished to bring before the Society a matter that had been brought up a number of times before—medical legislation. Before presenting his resolutions, he wished to say that he believed the former attempts had been failures, not from lack of interest of each member, but because they did not individually use their influence.

The secretary read the resolutions, which are as follows:

That the president of the Society appoint a committee of five to select a representative committeeman from each assembly district of the State, to look after the assemblymen of his district, and that this committee of five report before the close of the present session.

That the president appoint a committee of three, whose duty it shall be to confer with delegates from county and district societies, and to prepare a bill for presentation at the next session of the legislature.

Dr. J. F. Kennedy, Des Moines, moved that Dr. F. E. Cruttenden be appointed chairman of a special committee, to whom should be referred papers on med-

ical legislation, now in the hands of the committee on arrangements.

Dr. W. Watson, Dubuque, requested to know whether it was intended for the committee of five, or the committee from each assembly district, to report before the close on the present meeting.

Dr. F. E. Cruttenden, Des Moines, said the first resolution might be construed to give the idea that it was intended for the committee, from each assembly district, to report; such, was not my intention. I would move, as an amendment, that the president be requested to appoint the committees of five, and three, at the afternoon session.

Dr. T. J. Caldwell, Adel, moved that Dr. F. E. Cruttenden's resolution be received and adopted. Carried.

Dr. T. J. Caldwell, Adel, then said: as the resolutions are adopted I suppose it would not be in order to discuss them, but I wish to say a few words in regard to the first resolution. Having had some little experience, I find the difficulty is with the profession, and not the legislators. No matter how carefully the bill is framed, there are some doctors who write to their representative, making objections to the bill. The only way, to get a bill passed, is to have the different societies, regular, eclectic, and homeopathic, unite on a bill and then help it along; and to have individual members stop writing to the representatives, making objections because it is not framed just as they want it. The legislators are willing to pass a bill, when it comes to them with the endorsement of the different State societies.

Dr. G. P. Hanawalt, Des Moines, moved to reconsider the adoption of the resolutions so the matter could be discussed. Carried.

Dr. F. E. Cruttenden, Des Moines, said he believed that that which Dr. T. J. Caldwell had said was true. The fault does not lie with the will of the profession, but in the difference of their ideas. Out of a large correspondence, eleven hundred letters, only six were unfavorable to a medical law.

Dr. J. Williamson, Ottumwa, said a bill carefully prepared under the supervision of Senator Wilson would be presented to the Society.

Dr. J. F. Kennedy, Des Moines, thought the best way to handle the subject was to appoint a special committee on medical legislation, to whom should be referred all papers relating to that subject.

A motion was made to appoint Dr. T. J. Caldwell, Adel, as chairman of such committee.

Dr. T. J. Caldwell, Adel, suggested the name of Dr. F. E. Cruttenden, as

chairman of the committee, and said he would be willing to serve on the committee with him.

Dr. F. E. Cruttenden Des Moines endorsed Dr. T. J. Caldwell for chairman.

Finally, on motion, the president was requested to appoint a committee of five, to whom all papers, relating to medical legislation, be referred. Said committee to report some time to-morrow.

Dr. S. Thompson, Toledo, was, on motion, elected a member by invitation.

The secretary read the following report of the committee on revision of the constitution and by-laws. This report was prepared but not acted upon at last meeting, from lack of time.

To the Iowa State Medical Society—
We recommend, as a substitute, for section 6, article 5, of the constitution, the following:

A board of trustees consisting of six members shall be elected. Two members elected yearly, shall hold office for a term of three years, and must be residents of different congressional districts. The trustees shall hold the bond of the treasurer and have general supervision of the affairs of the Society, not otherwise provided for. At the request of the majority of the members, the president may call a special meeting or change the time of holding the annual meeting of the Society.

Also, that article 9, be amended by adding, "there shall be a standing committee of three, upon State Medicine, and one, upon Diseases of the Mind and Nervous System, in the list of standing committees;" and at the close of this article, "a committee on revision of the constitution and by-laws shall be appointed each year, to whom shall be referred any proposed change or any amendments."

W. S. ROBERTSON.
J. WILLIAMSON.
J. F. KENNEDY.

Dr. J. W. Smith, Charles City, said he was very much in favor of the amendments and that they would put matters in a more definite shape.

Dr. J. F. Kennedy, Des Moines, said that in the absence of the chairman, he would move the adoption of the first recommendation of the committee. Seconded.

Dr. W. Watson, Dubuque, objected; thought that with an even number of trustees some difficulties might arise.

On vote Dr. Kennedy's motion was carried.

Dr. J. F. Kennedy, Des Moines moved the adoption of the second recommendation. Seconded by Dr. A. L. Worden, Des Moines.

Dr. W. Watson, Dubuque, also objected to this, was decidedly opposed to the

Dr. J. Williamson, Ottumwa, explained the object of the committee, to cut off discussion, and likened it to a waste basket.

The resolution of Dr. D. Scofield, having lain over one year, according to constitution, was brought up for action. The resolution is as follows:

Dr. J. W. Smith, Charles City, desired to know what Dr. D. Scofield meant by the first clause.

Dr. O. T. Gillette, Iowa City, asked for information. He said it looked to him as if part of Dr. D. Scofield's resolutions would prohibit representation from hospitals in counties where there are no county societies.

Dr. D. Macrae, Council Bluffs, stated that the item for non-representation from hospitals was the only portion that he was in favor of. The physicians in charge may be regular or not, within ten years.

Dr. T. J. Caldwell, Adel, said that the first section of the new constitution, being laid on the table, would destroy the old one. He said that the first section of the new constitution, being laid on the table, would destroy the old one. He said that the first section of the new constitution, being laid on the table, would destroy the old one.

[illegible]

Meeting called to order

Dr. J.F. Kennedy, Dr.
that the address be ref
mittee of three.

Dr. A. W. McClure, president of the American Medical Association, is the only member of the committee on ethics, he said.

Dr. G. P. Hanawalt, Des Moines, Iowa, is section on medicine
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On motion, the paper was
the Society. May, Des M

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chronic pelvic cellulitis, used a four per cent solution, painted the mouth of the womb, cervical canal, and wall of the vagina; three or four applications, two or three minutes apart; relieved pain entirely, from thirty-six to forty-eight hours.

Dr. E. H. Hazen, Davenport, said he had opportunity to use cocaine in operations of the eye. In cataract, strabismus, glaucoma, and pterygium had very pleasing success. Had one failure in pterygium. As a general thing uses four per cent solution.

Dr. L. C. Swift, Des Moines, used cocaine in minor surgery. Removed, under its influence, an epithelioma from the lips of a woman. Used a four per cent solution; injected from seven to ten minims at intervals of four or five minutes, waiting fifteen minutes between injections. In this case, used two injections. Removed epithelioma of tongue; painted superior surface, between root and apex. The operation gave no particular pain, simply discomfort. Took out entire growth with artery forceps, and cauterized with nitric acid. Used injection cocaine in stricture of urethra; passage of sound gave severe pain. Use it in two cases of hemorrhoids. In the first, there were five distinct tumors, a single injection of six, and eight minims not being sufficient, I gave ether. In the second, injections used in the same way, gave all the anesthesia required.

Dr. D. Macrae, Council Bluffs, stated that he had used cocaine in the case of an opium eater, in doses of a few drops, three or four times a day, not at regular intervals, but when the craving took place. For about six weeks, the patient used no opium but like the majority of opium eaters, returned.

Dr. H. D. Ensign, Boone, uses externally a four per cent solution in cases of burns and scalds; states that it is very satisfactory, relieving pain in from three to five minutes.

Dr. E. H. King, West Liberty, said that in cases of obstinate vomiting in pregnancy four or five drops will secure immunity, for twenty-four hours.

Dr. J. T. Priestley, Des Moines, moved to refer the paper to committee on publication. Carried.

Dr. C. F. Darnall, Walnut, read a paper on Rupture of the Spleen from a Phlebolite, and Consequent Death.

On motion of Dr. J. M. Emmet, Atlantic, the paper was received.

Dr. G. P. Hanawalt, Des Moines, said he considered Dr. C. F. Darnall deserved a great deal of credit for presenting the paper; that the literature on the subject is very scarce.

Dr. J. M. Emmert, Atlantic, vouched

for the finding of the phlebolite. He was present at the post mortem, when the phlebolite was found. Dr. C. F. Darnall has taken the idea, and I believe correctly, that this started from a splenic apoplexy.

Dr. J. W. Smith, Charles City, said the death of patient must have been caused by loss of blood, shock, or peritonitis.

Dr. J. M. Emmert, Atlantic, and Dr. C. F. Darnall, Walnut, said there was no doubt but that the patient died from shock.

On motion of Dr. J. F. Kennedy, Des Moines, the paper was referred to committee on publication.

The president commended the paper, both for the manner in which it handled the subject and the newness of the subject itself.

Dr. Rosa M. Upson, Marshalltown, presented a paper on Scurvy; in which she gave a detailed and yet concise report of a case under her care.

On motion of Dr. C. M. Hobby, Iowa City, the paper was received.

Dr. C. M. Hobby, Iowa City, said he was very much interested in the paper. He would say that the case was one of scurvy. Two or three years ago, he saw two cases of similar character. Both cases responded to treatment and in forty-eight hours there was a decided improvement.

Dr. J. W. Smith, Charles City, reported three cases of Scurvy, which was, as usual, caused by poor diet and hygienic surroundings.

On motion of Dr. D. Macrae, Council Bluffs, the paper was referred to committee on publication.

Dr. L. C. Swift, Des Moines, read a paper on Spinal Irritation as a Distinct Affection. Citing a case as an illustration.

On motion of Dr. D. W. Crouse, Waterloo, the paper was received.

The committee on ethics reported in favor of admitting Drs. S. W. Moorehead, E. C. Groves, and W. N. Green, Webster City, as delegates. On vote, they were elected.

On motion, Dr. J. F. Will, Webster City, was elected a member by invitation.

On motion of Dr. G. P. Hanawalt, Des Moines, the paper by Dr. L. C. Swift was referred to committee on publication.

Dr. G. F. Jenkins, Keokuk, presented a paper on Contagiousness, Treatment, and Prophylaxis of Scarlatina, in which he stated that he did not believe in the spontaneity of scarlet fever, but thinks it is the result of the specific germ that is always present; does not believe in belladonna; and advises complete isolation; all other prophylaxis secondary.

Dr. D. W. Crouse, Waterloo, regarded scarlet fever as a very important subject,

and a very formidable disease to get rid of. He desired to know what course the physician should pursue to protect himself, and family, and the families of other patients.

Dr. G. F. Jenkins, Keokuk, said his plan when attending patients with contagious diseases was to avoid touching the patient except with his hands, and the bed with his clothing; washes his hands in a disinfectant, and changes his coat.

Dr. J. T. Priestley, Des Moines, stated that he did not believe in contagiousness of scarlet fever and cited several cases.

Dr. J. W. Smith, Charles City, said he did not see that carbolic cosmoline was any better to rub over the body than what our German friends use—pork. He was more in favor of cool sponging, than warm; and thought scarlet fever should be under police supervision.

Dr. J. F. Kennedy, Des Moines, said, up to the present time, I have not had quite as much confidence in the contagiousness of diphtheria and scarlet fever as have many of my professional brethren. Dr. G. F. Jenkins has fixed the period of incubation at from twenty-four to thirty-six hours; in a great many cases there is exposure weeks and months back, and yet they are inclined to trace it to that. It is very difficult to fix incubation. There is only one physician in Des Moines, as far as I know, who takes great care in disinfecting himself, and the disease follows him as much as the others. There must be something beside contagion. Dr. Snow, Providence, reports forty cases of pure scarlet fever in thirty-six hours.

Dr. A. W. McClure, Mt. Pleasant, said it was his experience in scarlet fever that it is contagious. Why one member of a family gets it and the other part does not, I do not know. Cholera and small pox may take a part and leave a part of a family. The mass of evidence is in favor of contagion, it can be carried especially during the period of desquamation.

Dr. Rosa M. Upson, Marshalltown, reported her experience with scarlet fever, which would tend to support the theory of contagion.

Dr. D. Scofield, Washington, thinks the danger from contagion is very low. There are nineteen cases from infection to one from contagion. The infection may stay in a house for a long time. My idea of contagion is that it is volatile, but infection is more durable.

Dr. J. H. Hutchins, Hampton, considered scarlet fever epidemic as it would come first in one direction and then another, without one family having contact with another.

Dr. G. E. Crawford, Cedar Rapids.

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Dr. John North, Keokuk, Iowa
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Dr. G. F. Jenkins, K. I. W. J. differed with the discussion, said he was given and the words infection and hokuk, as given and was satisfied there was no difference in the hours. treat them—as synonym but in closing let fever was not produced by contagion and he never uses the word but one way to mouth; that belladonna is induced by filth; that that complete thermometer in the prophylactic isolation is not good; and the primacy is the primacy.

On motion of Dr. D. W. Crouse, Waterloo, the paper was referred to the committee on publication.

The president desired members present from each congressional district to get together and elect their member of the nominating committee.

The secretary read an announcement from Dr. C. H. Lothrop, Lyons, stating that the revised edition of his Medical and Surgical Directory of Iowa, would be ready early next spring.

Dr. A. B. Reed, Cedar Rapids, invited the society to visit St. Luke's Hospital at their convenience.

On motion of Dr. G. P. Hanawalt,
Des Moines, adjourned at 5:45 p. m.

FIRST DAY—THIRD SESSION.

Meeting called to order at 8 p. m.

Meeting called to order at 8 p. m.
The secretary announced the Nominating Committee composed of Drs. H. A. Gilman, Mt. Pleasant, First District; E. H. King, West Liberty, Second District; S. N. Pierce, Cedar Falls, Third District; D. S. C. C. Griffen, Vinton, Fourth District; J. C. C. Griffen, Ottumwa, Fifth District; J. G. P. Hanawalt, Des Moines, Sixth District; F. S. Eighth District; F. S. Ninth District; D. S. Fairchild, District; G. W. Beggs, District. Washington, brought Ames, Tenth District, slightly altered. Sioux City, Eleventh District, had been re-elected. It was very hard to get him to resign.

Dr. D. Scofield, until it was
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that there might be treble representation if there was a hospital and a county society in a county, and a district society, which embraced the county in its territory.

Dr. E. H. King, West Liberty, moved the substitute be adopted.

Dr. E. H. Hazen, Davenport, thought that gentleman of the state who are regular graduates should be welcome in this Society, and he was opposed to it.

Dr. J. W. Smith, Charles City, said we were progressing very slowly, and that he would move to postpone the matter.

Dr. E. H. Hazen, Davenport, moved that a committee of three, of which Drs. D. Scofield, Washington, and W. Watson, Dubuque, be members, report the standard of societies which send delegates to this Society.

Dr. F. E. Cruttenden, Des Moines, said an amendment to this resolution at this time must necessarily defer action on the resolution for one year.

On motion of Dr. G. F. Jenkins, Keokuk, the entire matter was tabled.

The Committee on President's Address presented the following report, which was adopted:

Your committee, to whom was referred the president's address, beg leave to report that the address is one that commends itself to the approbation of this society in its moral and humanitarian aspects, but would respectfully submit that the question, as to the place which alcohol is to hold as a therapeutic agent, is one to be decided by the experience of the profession while bearing in mind its baneful effects when not prudently administered.

H. A. GILMAN.
J. WILLIAMSON.
C. W. DEMOTTE.

Dr. T. W. Shearer, Des Moines, presented a paper on The Metabolisms of the Animal Body.

On motion of Dr. T. J. Caldwell, Adel, the paper was received.

Dr. E. H. Hazen, Davenport, asked whether Dr. T. W. Shearer would prescribe nitro muriatic acid in oxaluria.

Dr. T. W. Shearer, Des Moines, replied the proper way to treat the case would be with solvents.

Dr. J. North, Keokuk, would use nitro muriatic acid.

Dr. D. Macrae, Council Bluffs, moved to refer the paper to the committee on publication. Carried.

Dr. E. H. Hazen, Davenport, presented a paper entitled, Should Officers of Boards of Health be Practicing Physicians?

The paper produced a sensation and a warm discussion; the latter was entered into by Drs. G. F. Jenkins, Keokuk; D. W. Crouse, Waterloo; C. M. Hobby,

Iowa City; John North, Keokuk; W. F. Peck, Davenport; and T. J. Caldwell, Adel, on the one side, and the author on the other.

In the discussion Dr. Hazen was invited to explain his position, it being unsatisfactory, upon motion of Dr. T. J. Caldwell, Adel, the paper was referred back to its author, with the privilege to publish over his own signature.

SECOND DAY—FIRST SESSION.

Meeting called to order at 9 a. m. by the president.

Dr. M. J. Hyde, Brandon, was on motion made a member by invitation.

Dr. W. S. Robertson, Muscatine, made a report on Health in Our Public Schools.

On motion the paper was received.

Dr. A. W. McClure, Mt. Pleasant, said he had been on the school board sixteen years and that he could heartily endorse the paper. He thought the paper should receive the endorsement of the Society and then be printed and copies sent to the teachers and school boards of the State.

Dr. Jennie McCowen, Davenport, wished to call attention especially to starvation of some of the children sent to school. Also to call attention to the lack of physical exercise available for girls at school. The boys have their gymnasium and drills, but the girls have not.

Dr. W. H. Davis, fraternal delegate from the Virginia State Medical Society, being present, was, on motion of Dr. T. J. Caldwell, Adel, received, invited and escorted to a seat on the platform and introduced to the President, who introduced the Doctor to the Society.

Dr. W. H. Davis, in response, made a short but pleasing address, in which he said: I rejoice in the realization of the fact that in our profession there is no south, north, east, or west, and that we may come from any part of the world, and be recognized as brothers and co-workers in the interest of the noble profession whose object is to alleviate human suffering and lengthen human life.

Dr. T. J. Caldwell, Adel, reported that the committee on medical legislation had made some progress and requested further time. Granted.

Dr. E. H. Hazen, Davenport, said that Dr. W. S. Robertson in his paper had shown many evils, but had advised no remedies.

Dr. A. Reynolds, Clinton, said a boy of from six to sixteen years could pursue the curriculum of our schools and go through without any great expenditure of nervous force. On one hand there is a little starvation and over-

THE IOWA STATE MEDICAL REPORTER.

work, and, on the other hand, too much pampering.

Dr. G. F. Jenkins, Keokuk, reported good effects from the distribution of the resolutions of the Committee on School Hygiene passed last year. A new school house built in Keokuk was built in accordance with the principles contained in the resolutions.

Dr. W. Watson, Dubuque, reported that competition for prizes in the city had been discontinued. He considers nutrition a very important item.

Dr. F. E. Cruttenden, Des Moines, said he was interested in Dr. W. S. Robertson's paper from beginning to end. It occurred to him that part of the trouble was the social influence. Parents are apt to consider their children smarter than others, and would therefore encourage and force them to work for social distinction. This combined social, and school stimulating produces a greater strain than they can bear. Myopia is not the most prevailing error in refraction—hypermatropia and astigmatism are more frequently met with in school children in Iowa.

Dr. A. W. McClure, Mt. Pleasant, moved the paper be referred to committee on publication with the request that they have it published and placed in the hands of teachers, superintendents, and officers of schools. Seconded.

The president, said the medical profession could mould public opinion on question of school hygiene, and thought Dr. W. S. Robertson's paper was worthy of endorsement.

On vote, Dr. A. W. McClure's motion was carried.

Dr. G. P. Hanawalt, Des Moines, moved that the secretary draw warrants for \$10 for Dr. A. C. Simonton, for assisting the Committee on Publication; \$7.25 for stationery; and \$1.25 express charges. Carried.

Dr. J. M. Emmert, Atlantic, presented a paper on Immovable Dressing in the Treatment of Compound Fractures, in which he strongly advocated the use of immovable dressings, and said he considered the universal adoption only a question of a little time. By using this dressing we make a compound fracture nearly a simple fracture. In reporting his case the Doctor drew from the bad, as well as the good results.

Dr. D. Macrae, Council Bluffs, moved the paper be received. Carried.

Dr. W. F. Peck, Davenport, said the paper is a good one because it relates to personal experience, and at the same time invites the attention of the members to a mode of treatment which is an improvement on the old method. Notwithstanding the Doctor's very favorable experience, there is another side to

the question.

Where the nurse in the city is no trained nurse, or one who knows the surgeon, I consider dressing very dangerous. The limb may stay in position, which, unless promptly removed, may cause the greatest of the limb. The dressing used with the greatest injurious results follow. some cases.

Dr. H. L. Getz, Marshalltown, described his method of applying a roller dressing, using a roller bandage. Dr. R. A. Dunkelberg, Davenport, wished to know what object he had in mind. Getz had to a many tailed bandage. Dr. H. L. Getz said he was not particular which was used.

Dr. E. F. Clapp, Iowa City, said he did not think Dr. J. M. Emmert had selected his case, but I think we are all apt to report our successful cases and fail to report our disastrous. Inflammation is induced and continued by plaster of paris dressing, although it might be so with other dressings. There is more danger, I think, of non-union by using plaster of paris than with splints. I should like, sometime, a report of more cases.

Dr. J. W. Smith, Charles City, stated that his experience taught him not to apply immovable dressings at first.

Dr. J. M. Emmert, Atlantic, in closing the discussion said he felt very grateful for the easy letting down he had had. He said he had expected more criticism. In regard to the immovable dressing producing inflammation, he stated it would probably do so if the limb was bound too tightly. I do not think there is any great amount of danger if the dressing is applied properly.

On motion the paper was referred to the committee on publication.

The committee on arrangements reported the hour between five and six p. m. as being the most acceptable time to visit the Masonic Library and St. Luke's Hospital.

On motion the report was received and adopted.

A paper on A New Method of Treating Paronychia, by Dr. T. J. Maxwell, Keokuk, was by request of the Society, read by Dr. W. F. Peck, Davenport. The paper was received, and referred to the committee on publication.

On motion the paper was received, and referred to the committee on publication.

Dr. A. L. Worden, Des Moines, said through a misunderstanding, did not prepare his paper. Dr. T. J. Maxwell, Adel, said, through a misunderstanding, did not prepare his paper. Dr. T. J. Maxwell, Adel, said, through a misunderstanding, did not prepare his paper.

ready to report and I make a motion that immediately after the completion of the section on surgery the matter be brought up for discussion. Seconded. Carried.

Dr. H. L. Getz, read a paper on Conservative Surgery of the Hand and Foot.

On motion of Dr. D. Macrae, Council Bluffs, the paper was received.

On motion of Dr. W. F. Peck, Davenport, the discussion on the paper of Dr. H. L. Getz was deferred until the second session.

Dr. J. S. Ormiston, Chelsea, was elected a member by invitation.

On motion adjourned, 12:20 p. m.

SECOND DAY—SECOND SESSION.

Meeting called to order at 2 p. m., by the president.

Dr. E. F. Clapp, Iowa City, said he was pleased with the subject Dr. H. L. Getz had chosen. He thought, however, the Doctor had lost sight of the fact that there are few rules and regulations that can bring the individual down to a certain space—it must depend on the judgment of the surgeon. In operating, the first principle is the life of the patient; after which save what you can that is of benefit, particularly endeavoring to save a good stump for an artificial leg, and not take too much trouble for what is often useless. It is no use to save a little toe if all the others are gone. I am not willing to accord originality, as I think each individual would recognize the correct way to operate.

Dr. W. F. Peck, Davenport, considered the Society was indebted to Dr. H. L. Getz, not because there was anything new in his paper, but because he presented an interesting subject for discussion. I am inclined to believe Dr. E. F. Clapp misunderstood Dr. H. L. Getz. My maxim is, in the hands save all you can; in the foot save what you can that will be serviceable after the treatment is over. The idea of moving the bandage frequently from the finger, I do not regard as good surgical practice. Good drainage and rest, are the best, for wounds of the hand. The aim in surgery of the foot should be to save what is useful, not, necessarily, all that you can.

Dr. H. L. Getz, Marshalltown, in reply desired to say that he was considerably misunderstood. His claim of originality was for his methodizing the divisions of the wrist joint into operations numbers 1, 2, 3, and 4. It is not necessary to carry a pocket chart, or remember the names of all the bones, as most of these operations are almost straight cuts. My leaving the foot, without saying much about it, was caused by my

considering it a secondary matter to the hand.

On motion of Dr. D. W. Crouse, Waterloo, the paper was referred to the committee on publication.

Dr. L. J. Alleman, Boone, presented a paper on Injuries of the Spinal Cord.

On motion of Dr. W. F. Peck, Davenport, the paper was received.

Dr. W. F. Peck, Davenport, said there was little disposition in the Society to discuss the subject, but that it was a matter of considerable importance to him. Concussion can carry the evidence that will lead to its location, but a shock, without any evidence, is never confirmed by the post mortem, as concussion. Several cases were cited of persons claiming concussion of the spine.

Dr. J. T. Priestley, Des Moines, said he could not hear much of Dr. L. J. Alleman's paper and could not say much as to the cases of injury to the spinal column. He reported two cases.

Dr. H. L. Getz, Marshalltown, stated his experience, and cited a parallel case to Dr. W. F. Peck's.

Dr. D. S. Fairchild, Ames, said he believed in spinal concussion.

On motion of Dr. J. Williamson, Ottumwa, the paper was referred to the committee on publication.

Drs. F. H. Kutner, C. A. McCockle and G. L. Chambers, were elected members by invitation.

The secretary read the following report:

To the President and Members of Iowa State Medical Society—The Committee on Medical Legislation submit the following report:

That this Society pass the following resolution:

Resolved, that it is the desire of the Society that the legislature enact a law to regulate the practice of medicine, surgery, obstetrics, and their allied branches, under the heading—

A BILL

FOR AN ACT TO REGULATE THE PRACTICE OF MEDICINE, SURGERY, OBSTETRICS, AND THEIR ALLIED BRANCHES IN THE STATE OF IOWA.

[Containing the following provisions.]

Be it enacted, by the General Assembly of the State of Iowa: That after the act shall take effect no person shall practice medicine, surgery, obstetrics, or their allied branches in the State of Iowa who is not a graduate of a legally organized medical college, or who has not practiced medicine, surgery, obstetrics, and their allied branches, in this State for at least five consecutive years prior to the date that this act shall take

effect. That on or before this act takes effect that every person practicing medicine, surgery, obstetrics, or their allied branches in this State shall present to the State Board of Health satisfactory evidence, thorough diploma or certificate, evidence that he is entitled under this act to legally practice medicine, surgery, obstetrics, or their allied branches. That he shall receive a certificate from the State Board of Health, which he shall register with the county clerk of the county wherein he shall engage in practice. That upon presenting his diploma, or certificate of practice, he shall pay the sum of \$1. That any person who shall violate this act shall be fined not less than \$50 nor more than \$100 and costs, for the first offence, and \$100 and costs, for the second offence, and imprisonment in the county jail for a period of not less than ninety days.

Framed in such language as to adequately provide for the legal technicalities, embracing substantially the provisions herein contained.

Also that the following, the first of the resolutions presented by Dr. Cruttenden, be adopted:

Resolved, That the president of the Society appoint a committee of five to select a representative committeeman from each assembly district of the State to look after the representative from his district, and that this committee report before the close of this session.

Respectfully,

T. J. CALDWELL, *Chairman*.
F. E. CRUTTENDEN, *Sec.*

Dr. E. H. King, West Liberty, made a motion to limit the discussion of the report to thirty minutes. Seconded.

The president before putting the question said that he had brought the matter before the Society in 1853 and that he hoped they would take time now to find out whether the bill reported was what they wanted.

Dr. E. H. King's motion was lost.

Dr. Rosa M. Upson, Marshalltown, said that she had been delegated by the Iowa State Pharmaceutical Association to say to the Iowa State Medical Society that they would be hand in hand with them in the action for securing medical legislation.

Dr. W. S. Robertson, Muscatine, related some of his experience and the difficulties he had had with the health law and medical legislation. He was on a committee with Drs. S. B. Thrall, Ottumwa, and G. M. Staples, Dubuque, that was appointed at the Davenport meeting. They managed to get the health law passed but the medical legislation bill was tabled. We must get the help of both homeopaths and eclectics.

Dr. W. Watson, Dubuque, said no one

was better posted than ertson. Thought indivi must be prepared to sacd their ideas for the good of the fession.

Dr. J. W. Smith, Charles that a committee look machinery. The causes fore have been that the medical legislation was doctors.

Dr. Reuben Sears, Mar that if the medical men and get in the papers ably be defeated. He th hunt, as he thought the firm hold over a good they make a blow Dr. H. L. Getz, Marsh they would prob favor of a much more quacks had a would not stand out stringent bill, but and would give the on that account, report his hearty

Dr. J. Williamson, that opposition to this bill, in all fairness, should be presented at the present time.

Dr. A. W. McClure, Mt. Pleasant, thought we should keep the State Society clean, and if necessary, from year to year declare ourselves in favor of regulating the practice of medicine, then, if the people want it, they can get it. He is decidedly opposed to any still hunt.

Dr. P. N. Woods, Fairfield, said he was in favor of a medical bill and was authorized to pledge the support of the Jefferson County Medical Society.

Dr. G. P. Carpenter, Cedar Rapids, pledged Iowa Union Medical Society.

Dr. J. W. Finarty, Dallas, pledged Marion County Medical Society. He said that in Marion county it had been made a political test and although a republican he had voted against his party and for men who would favor a medical bill.

Dr. J. W. Smith, Charles City, pledged the physicians of Floyd county.

Dr. R. W. Miller, Menlo, said it occurred to him that the clause relating to imprisonment might cause the defeat of the bill, he therefore moved to strike out said clause. Seconded.

Dr. H. L. Getz, Marshalltown, wished to enquire what Dr. R. W. Miller would advise if the criminal had no money.

Dr. R. W. Miller, Menlo, in reply, said that in default of payment the imprisonment should follow.

Dr. R. W. Miller's motion was lost. The report of the Committee on Medical Legislation unanimously adopted.

The president said that since we are unanimous it we stand together we will win success.

Dr. T. J. Caldwell, Adel, requested the president appoint, at once, the committee of five, called for in the

adopted, as they have to report at this meeting.

The president appointed as such committee: Drs. J. M. Emmert, Atlantic; W. S. Robertson, Muscatine; G. W. Beggs, Sioux City; H. A. Gilman, Mt. Pleasant; H. Ristine, Cedar Rapids.

Drs. W. P. Martin, D. A. Crouse, E. J. Turley, and A. J. Johnson were elected members by invitation.

On motion of Dr. J. T. Priestley, Des Moines, the Society took up the regular program work.

Dr. D. Macrae, Council Bluffs, presented the report on the Section on Obstetrics and Gynecology.

On motion the paper was received.

As Dr. E. H. King, West Liberty, had to leave on an early evening train, the Society, on vote, allowed him to read his paper before the discussion on Dr. D. Macrae's paper.

Dr. W. Watson, Dubuque, on account of the amount of work yet to be done and the small amount of time left, moved to reconsider the acceptance of the invitation to visit the Masonic Library and St. Luke's Hospital. Carried.

Dr. E. H. King, West Liberty, presented his paper on the Treatment of the Uterus in the New-Born—Why do we use the Belly-Band on the Infant?

On motion of Dr. G. H. Hill, Independence, the paper was received.

Discussion on Dr. D. Macrae's paper was then commenced.

Dr. W. F. Peck, Davenport, said the field of obstetrics and gynecology was being investigated, we are making advances, but are claiming a good deal that will not be justified by time. He says the removal of the ovaries does not stop menstruation. He reported some cases of ovariectomy and oophorectomy.

Dr. H. L. Getz, Marshalltown, reported a case.

On motion of Dr. T. J. Caldwell, Adel, the paper was referred to the committee on publication.

Dr. T. J. Caldwell, Adel, presented the following resolution:

Resolved, That a committee of five be appointed by this Society to confer with a like committee of the other medical societies of the State of Iowa in relation to a medical bill or practice act, and that said committee be composed of the following members of this Society: Drs. J. Williamson, Ottumwa; F. E. Cruttenden, Des Moines; A. A. Deering, Boone; J. M. Emmert, Atlantic; and J. F. Kennedy, Des Moines.

On motion the resolution was adopted.

On motion, adjourned at 5:45 p. m.

SECOND DAY—THIRD SESSION.

Meeting called to order by the president.

Dr. F. E. Cruttenden, Des Moines, thought that under the circumstances of Dr. E. H. King's declining an invitation to read his paper before the American Medical Association, and reserving it for the State Society, this Society should extend to the Doctor, at least, a vote of thanks. The Doctor had spent a number of weeks in preparing his paper, and as he can not be present at the discussion, I, therefore, move that his paper be referred to the committee on publication, and that a vote of thanks be given Dr. E. H. King. Carried.

Dr. John North, Keokuk, presented the report of the Section on Materia Medica. Before reading his report, the Doctor said he had prepared two papers and never read them, and there are but few present now. It is very discouraging; but I suppose no one is to blame.

On motion of Dr. W. Watson, Dubuque, the report was received.

Dr. F. E. Cruttenden, Des Moines, asked what Dr. J. North meant by the word "cure" in connection with the use of certain remedies.

Dr. J. North, Keokuk, in reply, said he probably was not exactly accurate in the use of the word "cure."

Dr. F. E. Cruttenden, Des Moines, said his experience proved that most cases of chronic constipation were caused by functional derangement and that in such cases cascara sagrada, aloin, etc., were of themselves of little use. Mercury is often abused, and when used in hereditary or tertiary syphilis it should be combined with iron and general tonics. I do not understand that there are three different kinds of electricity, but three different forms.

Dr. W. J. Holman, Cedar Rapids, considered the use of permanganate of potassium beneficial in suppressed menses. When he had a good preparation of cascara sagrada he had good results in the treatment of chronic constipation.

Dr. G. R. Skinner, Cedar Rapids, said he supposed Dr. J. North used the ordinary terms accepted by medical men in relation to electricity and by kind meant faradic, galvanic, and static.

Dr. J. M. Emmert, Atlantic, was sorry his experience was not like the others in the use of permanganate of potassium. He had prescribed it in two cases and it had produced severe vomiting. He also called special attention to the use of belladonna as a prophylactic in diphtheria.

Dr. D. Scofield, Washington, said he had used fluid extract of chestnut in pertussis, and it had no more effect than

water. He has very little belief in one one-hundredth grain doses.

Dr. Thomas, said he had had good results from the use of belladonna in diphtheria.

Dr. J. Riley, Exira, said the results from cascara sagrada had been very uncertain, some times good and some times bad.

Dr. J. Williamson, Ottumwa, said his experience in the use of permanganate of potassium was not satisfactory. He had sent to Wyeth's to get their compressed tablets absolutely pure; he had used them and he had not one patient who had received the slightest possible good.

Dr. J. North, Keokuk, in closing the discussion said he still thought cascara sagrada would relieve most cases of constipation that any remedy would.

On motion, Dr. J. North's report was referred to the committee on publication.

Dr. T. J. Caldwell, Adel, moved that Dr. W. Watson, Dubuque, be requested to read the reports of the committee on necrology. Carried.

Dr. W. Watson, Dubuque, read sketches of the lives of the following deceased members of the Society:

Dr. G. W. Stewart, Danville.

Dr. W. H. Smith, Glenwood.

Dr. J. A. Wright, Davenport.

Dr. N. H. Tulloss, Iowa City.

Dr. C. H. Rawson, Des Moines.

Dr. R. S. C. Gwynn, Madrid.

Dr. O. S. Knox, Cedar Falls.

Dr. A. Stephens, Davenport.

Dr. R. J. Farquharson, Des Moines.

On motion the sketches were referred to the committee on publication.

Dr. W. Watson, Dubuque, moved that Dr. D. Scofield's amendment be taken from the table. Carried.

Dr. W. Watson, Dubuque, said the amendment was tabled by Dr. G. F. Jenkins by mistake. He thought the amendment covered a point that the Society should notice—the standing of local societies seeking representation—and therefore moved the adoption of the substitute.

Dr. F. E. Cruttenden, Des Moines, said that as it was an amendment to the constitution if the original was changed any it must lie over one year.

Dr. D. Scofield, Washington, said his original amendment was two distinct portions. The substitute wipes out section 1 and substitutes for section 2.

Dr. W. Watson, Dubuque, said that if they laid the substitute over until next year, at that time they would be unable to make any corrections, even to crossing a "t" or dotting an "i."

Dr. T. J. Caldwell, Adel, said without doubt the substitute would have to lie another year.

Dr. D. Scofield, Washington, thought

some action ought to be taken. Some societies are too lax.

Dr. J. F. Kennedy, Des Moines, suggested striking out the second section of the constitution and carrying that

Dr. D. Scofield, Washington, said he had gotten graduates had gotten

Dr. F. E. Cruttenden, Des Moines, said he did not think it was

Dr. D. Scofield, Washington, said he did not think it was

Dr. W. Watson, Dubuque, thought it a great pity to have to wait a year because you could not cross a "t" or dot an "i."

Dr. T. J. Caldwell, Adel, suggests that an amendment be drawn this year that will suit the society and pass the same next year. It would not look well for the Society to criticise the loose-

ness with which the county societies are managed, and then for us to pass an amendment unconstitutional.

The president suggested that Drs. T. J. Caldwell, Adel, and D. Scofield, Washington, draft and report a resolution.

On motion of Dr. F. E. Cruttenden, Des Moines, adjourned.

THIRD DAY—FIRST SESSION.

Meeting called to order by the president.

Dr. F. E. Cruttenden, Des Moines, said, that in order to give Dr. J. F. Kennedy a chance to present a resolution, he would move to table the original amendment and substitute. Carried.

Dr. J. F. Kennedy, Des Moines, presented the following amendment to article 3 of the constitution. All auxiliary societies, seeking representation in the Iowa State Medical Society, shall furnish, to the secretary of this Society, on, or before, the first day of March, of each year, a list of their officers and members, as well as a statement of the time, and place of holding their meeting, together with such declaration of their requirements for membership as shall enable the secretary on arrangements to such auxiliary society, and committee judge of their qualifications; and every delegate, sent by this Society, as a permanent member, shall present to the committee on arrangements a diploma giving name, place and date of graduation, before election to the Society, in Des Moines, receive the same.

Dr. F. E. Cruttenden, Des Moines, said that as it was an amendment to the constitution if the original was changed any it must lie over one year.

Dr. D. Scofield, Washington, said his original amendment was two distinct portions. The substitute wipes out section 1 and substitutes for section 2.

Dr. W. Watson, Dubuque, said that if they laid the substitute over until next year, at that time they would be unable to make any corrections, even to crossing a "t" or dotting an "i."

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Dr. W. Watson, Dubuque, thought it a great pity to have to wait a year because you could not cross a "t" or dot an "i."

Dr. T. J. Caldwell, Adel, suggests that an amendment be drawn this year that will suit the society and pass the same next year. It would not look well for the Society to criticise the loose-

no necessity of local societies having the requirement, of exhibiting diploma, as they would have to present diplomas here.

Dr. W. Watson, Dubuque, said Dr. J. F. Kennedy's resolution would meet the fate of the other one, if individual members would not sacrifice some ideas. The Society should adopt a resolution of this character as the doors of our Society should not stand so wide-open.

Dr. D. W. Crouse, Waterloo, thought this was the proper time to find fault and suggest corrections so the resolution could be carried next year. The Society had admitted members of twenty, or thirty, years practice, who were recognized as regulars, but who are not graduates. I protest; every man should be a graduate. County societies should require every member to be a graduate.

Dr. J. F. Kennedy, Des Moines, said his resolution did not state what county societies should do.

Dr. D. Scofield, Washington, desired to know if a county society composed of non-graduates could send a delegate who was a graduate.

Dr. W. Watson, Dubuque, could see no reason why, a society of five non-graduates, could not send, as delegate, a graduate.

Dr. J. M. Emmert, Atlantic, said he had confidence enough in his professional brethren to believe that no local society would take in men who are unfit associates. Every local Society is the judge of its own members. There are men who have practiced twenty-five years, who are not graduates, who make good members of the local societies. I do not believe in receiving them here. In regard to diplomas, it is just as well, to bring the affidavit of the secretary that he had examined the diploma.

Dr. G. R. Skinner, Cedar Rapids, said no action of this Society would prevent a graduate from representing a non-graduate society.

Dr. H. L. Getz, Marshalltown, said, in answer to the question, as to whether this Society should admit an individual who holds a diploma and who represents a society composed of non-graduates, I would say admit him of course. When the amendment is made satisfactory to us, it should be referred to the committee on revision of the constitution, with privilege of modifying, as may be deemed necessary.

Dr. W. Watson, Dubuque, said he had no objection to requiring presentation of diploma.

Dr. J. North, Keokuk, wished to know what action would be taken on honorary degrees of doctor of medicine.

Dr. F. E. Cruttenden, Des Moines, in view of the objection to presenting

diplomas, suggested an amendment to the resolution by adding, "or present an affidavit from the Secretary of his Society certifying that he has examined his diploma and that he is a graduate of some reputable college."

Dr. D. Scofield, Washington, suggested adding "or satisfactory evidence of the possession thereof."

Dr. H. L. Getz, Marshalltown, said the amendment proposed by Dr. Cruttenden had one objection. The secretary of a hybrid society might be a man who was not as honorable as he should be and might swear falsely. It would be better to have a notary public swear to having seen the diploma.

Dr. J. M. Emmert, Atlantic, did not think the secretary of a society would commit perjury to get a friend into the Society.

Dr. J. Riley, Exira, was in favor of demanding presentation of diploma at this Society.

Dr. D. W. Crouse, Waterloo, thought the best evidence of graduation was presentation of diploma. It should be no hardship for a young man to bring his diploma when about to enter the Iowa State Medical Society.

Dr. J. F. Kennedy, Des Moines, thought a notary public would not be able to vouch for the correctness of a diploma and was in favor of its being presented at this Society.

Dr. H. L. Getz, Marshalltown, said he had as much confidence as anyone in the profession. An additional expense would be incurred by having to make affidavit.

Dr. J. Riley, Exira, moved that it is the expression of the Society that the candidate should present the diploma.

Dr. J. F. Kennedy, Des Moines, accepted the amendment offered by Dr. D. Scofield.

Dr. J. M. Emmert, Atlantic, said it should be understood what satisfactory evidence is. He would consider an affidavit satisfactory evidence. Requested the secretary to read the resolution, as amended.

The secretary read the resolution as amended and moved its reference to the committee on revision of constitution. Carried.

Dr. G. R. Skinner, Cedar Rapids, proposed the name of Dr. G. W. Holmes, Tabriz, Persia, as honorary and corresponding member. He was unanimously elected.

The secretary read the following report of the committee on publication.

To the Iowa State Medical Society—

The committee on publication would respectfully report, that owing to the unavoidable circumstances, volume 6 of

the transactions of this Society, covering the years, 1883 and 1884, though in press, has not been ready for distribution, at this meeting, as was hoped. The volume will consist of 600 copies, bound in stiff cloth, and the workmanship of the numbers already printed give promise of an unusually fine volume. Glass & Hoover, of Davenport, are the printers.

(1) Your committee recommend that the papers of this meeting be printed in connection with this volume.

(2) We further report that the interest of the Society requires the annual publication of our transactions and that, not later than ninety days after adjournment, the printed proceedings be put into the hands of the secretary, by the committee on publication, for distribution.

(3) We further recommend all professional papers read before the Society, and referred by it, to the publication committee, be printed.

(4) We believe, also, that the employment of a stenographer, to report the discussion of the professional papers, read, would greatly add to the interest of the transactions, and would perpetuate many observations of value, otherwise lost. We recommend such employment.

J. F. KENNEDY.
L. C. SWIFT.
W. D. MIDDLETON.
J. WILLIAMSON.
G. R. SKINNER.

Dr. S. E. Robinson, West Union, moved the resolution be referred to the next publication committee.

Dr. J. F. Kennedy, Des Moines, thought that we were the only medical Society in America, that does not print the professional matter presented, provided it is received by the Society. He thought the proper way was to print them, and state that the Iowa State Medical Society is in no way responsible for the views, expressed by the authors.

Dr. J. M. Emmert, Atlantic, moved the adoption of the first recommendation of the committee on publication. He thought all papers should be published.

Dr. D. Scofield, Washington, said that we, as a Society, received many papers not fit for publication. At the meeting in Dubuque the president's address took notice of the severe criticism a volume of our transactions received. It was then decided as our policy never to issue a volume, until such a time as there was sufficient good material. Suggested that papers be limited to fifteen minutes.

Dr. H. L. Getz, Marshalltown, thought the Society was as competent as a com-

mittee to say whether papers published or not.

Dr. W. Watson, Dubuque, said he was very much opposed to putting anything in the transactions. At the meetings three-quarters of the society were reduced to a condition resembling anesthesia from the extremely long papers.

Dr. S. E. Robinson, West Union, drew his motion and seconded Dr. Emmert's, which was carried.

Dr. J. F. Kennedy, Des Moines, requested disposition of the second recommendation of the committee on publication.

Dr. S. E. Robinson, West Union, said that as this years transactions were disposed of he would move to table the second recommendation. Seconded. Carried.

The third recommendation, on motion of Dr. S. E. Robinson, was also tabled.

Dr. W. Watson, Dubuque, was in favor of the fourth recommendation. He thought the employment of a stenographer might make members more careful of what they said.

Dr. S. E. Robinson, West Union, said the same question had come up before. The difficulty was that the reporter hearing a word he did not understand put it down according to sound, and after the notes had grown cold it was very hard for them to interpret the signs. The Society might look for a reporter and have him trained.

On motion of Dr. D. Scofield, Washington, the fourth recommendation was referred to the committee on arrangements, with power to act.

On motion of Dr. J. M. Emmert, Atlantic, the entire report as amended, was adopted.

The committee on arrangements recommended that \$50 be paid to the secretary for extra work in getting papers ready for publication.

On motion of Dr. W. Watson, Dubuque, the secretary was instructed to draw a warrant, to his order, on the treasurer of the Society.

Dr. F. E. Cruttenden, Des Moines, read a paper on Vocal Gymnastics and Their Use in Diseases of the Throat and Nasal Passages. Before reading it said he had been requested by the chairman of the section on Ophthalmology and Otology, Dr. C. M. Hobby, and Dr. H. B. Young, who had prepared a paper for this section, to enter a protest against the section on Ophthalmology and Otology always being placed last on the program, in which protest I wish to unite. After two-thirds of the members have gone home and the balance are tired out, at every session during the last five years, this section has been

placed at the tail end. It seems to us an injustice to place the section always at the end. We do not demand, but we respectfully ask, that there be at least an occasional change. I am delegated to say, and I fully endorse it myself, that in the future unless the Society make some change we will not present papers under this section but, when called upon will present papers of an entirely different character.

On motion of Dr. J. F. Kennedy, Des Moines, the paper was received.

Dr. J. North, Keokuk, said the paper was very fine, but beyond our reach, do not feel competent to discuss it.

On motion, paper was referred to committee on publication.

On motion the secretary was instructed to draw warrants to the amount of \$59.40 for the payment of several small bills.

Dr. W. Watson, Dubuque, introduced the following amendment to the by-laws which, under suspension of rules, was adopted at this meeting.

Resolved, That hereafter, the committee on nominations be instructed to report, to the Society, the names of the two members as candidates for president, who receive the highest number of votes, at the meeting of the committee on nominations.

The secretary read the following report of the nominating committee:

President—Dr. D. W. Crouse, Waterloo.

First Vice-President — Dr. A. W. McClure, Mt. Pleasant.

Second Vice-President — Dr. A. L. Wright, Carroll.

Secretary — Dr. J. F. Kennedy, Des Moines.

Assistant Secretary—Dr. L. C. Swift, Des Moines.

Treasurer—Dr. G. R. Skinner, Cedar Rapids.

Place of meeting, Des Moines, on the third Wednesday of May, 1886.

Committee on Publication—Drs. J. F. Kennedy, L. C. Swift, Des Moines; W. D. Middleton, Davenport; J. Williamson, Ottumwa; G. R. Skinner, Cedar Rapids.

Committee on Arrangements—Drs. G. P. Hanawalt, Des Moines; C. M. Hobby, Iowa City; L. C. Swift, Des Moines; W. C. Davis, Indianola; Rosa M. Upson, Marshalltown.

Committee on Necrology—By congressional districts, as follows:

First—Dr. J. North, Keokuk.

Second—Dr. L. J. Adair, Anamosa.

Third—Dr. B. McCluer, Dubuque.

Fourth—Dr. D. S. Brainard, Stacyville.

Fifth—Dr. W. C. Schultze, Marengo.

Sixth—Dr. E. W. Clark, Grinnell.

Seventh—Dr. H. R. Page, Des Moines.

Eighth—Dr. W. C. Stillians, Clarinda.

Ninth—Dr. F. M. Powell, Glenwood.

Tenth—Dr. S. W. Moorehead, Eagle Grove.

Eleventh—Dr. J. A. Sherman, Cherokee.

Committee on Ethics—Drs. H. C. Huntsman, Oskaloosa; F. S. Thornes; S. N. Pierce, Cedar Falls; W. Watson, Dubuque; G. F. Jenkins, Keokuk.

Committee on State Medicine—Drs. W. S. Robertson, Muscatine; F. E. Cruttenden, Des Moines; Jennie McCowen, Davenport.

Committee on Revision of the Constitution and By-laws—Drs. W. Watson, Dubuque; S. E. Robinson, West Union; J. F. Kennedy, Des Moines.

Delegates to the American Medical Association:

First District—Drs. F. C. Mehler, J. A. Scroggs, P. N. Woods, J. E. Stone.

Second District—Drs. F. A. Packard, J. K. Milbourne, S. B. Nichols, A. A. Cooling.

Third District—Drs. S. G. Wilson, O. J. Fullerton, D. M. Wicks, N. S. Craig.

Fourth District—Drs. S. E. Robinson, A. D. Bundy, J. W. Smith, J. S. Roome.

Fifth District—Drs. C. M. Hobby, II. Ristine, M. Meredith, J. P. Morrison.

Sixth District—Drs. L. E. Baker, P. N. Woods, A. M. Stark, R. C. Hoffman.

Seventh District—Drs. J. T. Priestley, W. Hutchinson, J. H. Nicol, J. W. Finarty.

Eighth District—Drs. E. M. Reynolds, W. C. Stillians, J. B. Wilson, W. H. Gibbon.

Ninth District—Drs. D. Macrae, F. S. Thomas, C. F. Darnall, W. F. Graham.

Tenth District—Drs. L. J. Alleman, A. A. Deering, S. W. Moorehead, W. A. Grew.

Eleventh District—Drs. J. A. Sherman, R. E. Coniff, S. A. McNerny, J. P. Savage.

On motion the report was received.

Dr. W. Watson, Dubuque, said there was one feature in the report which was not entirely satisfactory to him—sending members as delegates to the American Medical Association, on their first session here.

On motion of Dr. S. E. Robinson, West Union, the secretary was instructed to cast the ballot of the Society for Dr. D. W. Crouse for president.

The president announced Dr. D. W. Crouse duly elected.

On motion of Dr. F. E. Cruttenden, Des Moines, the secretary was instructed to cast the ballot of the Society for Drs. A. W. McClure and A. L. Wright for

first and second vice-president, respectively.

Drs. A. W. McClure and A. L. Wright were declared duly elected.

On motion of Dr. S. E. Robinson, West Union, the balance of the report was adopted.

Drs. W. Watson, Dubuque, and J. M. Emmert, Atlantic, were appointed a committee to conduct the newly elected president to the chair.

Dr. H. C. Huntsman, Oskaloosa, the retiring president said: Before vacating the office, to which your kindness elevated me, I wish to thank the members of the Society for their hearty support, and goodness in presenting papers. And my young friend, the incoming president, I greet as a graduate in the literary department of my *alma mater*. May God bless you and may your warm blood infuse new life into the Society.

Dr. D. W. Crouse, Waterloo, the newly elected president, said: Ladies and Gentlemen—After two or three days discussion, on papers, I am not expected to make a speech, and yet to say I do not feel complimented by this elevation on the part of the Society would not be right. I shall certainly make an effort and do the best I can to make the next session equal to the present, and better if possible. I trust you will extend to me the same courtesy bestowed on my predecessor. I think I owe my election more to your kindness than my own fitness for the position.

On motion a vote of thanks was tendered the committee on arrangement.

The secretary presented the following:

Resolved, That this Society commend the IOWA STATE MEDICAL REPORTER as worthy of the patronage and support of the members.

Dr. J. F. Kennedy, Des Moines, said he knew Dr. F. E. Cruttenden, the editor, had taken a great deal of time and was at considerable expense, having a stenographer here to get a good report. The report of last year helped the secretary considerably.

Dr. H. C. Huntsman, Oskaloosa, said he was happy to second the resolution. He considered the REPORTER very creditable.

Dr. D. W. Crouse, Waterloo, said he wished to say a good word for the REPORTER.

The resolution was unanimously adopted.

Dr. F. E. Cruttenden, Des Moines, in thanking the Society, said it was all the more gratifying to him as it was entirely unsolicited and unexpected.

The treasurer presented his report which showed a balance on hand of \$1714.50.

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his utmost those things which tend to deprive him of a good living.

Then, to become successful in *preventing* disease, he should not be obliged to get his living wholly from the *creation* of disease.

What are the indications that the practitioners of medicine are capable of giving this advice? What proportion of time and talent have they used to acquire a knowledge of the subject? Among the 119 medical colleges of the land, how many have Chairs especially devoted to this subject? Is there ten per cent? And how much, comparatively, is said from other Chairs on the subject? What proportion of books in your library are especial instructives on sanitation or prevention of disease? Is there one per cent? Evidently the medical college or the doctor's office is not the place to get information regarding the subject.

It is very true that the sanitarian should have acquired all the knowledge of disease which our medical colleges furnish before he is capable of being a competent advisor on the subject. It is only this knowledge of disease which would give him a proper appreciation of it; its gravity; the laws which govern it; the seriousness of its introduction. But because a man knows etiology and pathology it does not follow that he understands the principles of sanitation or State medicine.

Public Hygiene naturally belongs, for its prosecution, to the State and those officers appointed for the purpose, should have all their interests turned to lessen the business of the Physician and Surgeon, by the prevention of disease and accident. To prosecute any investigation to its utmost extent; to evolve discoveries, to add inventions in any art or science, the laborer in its field should have his self interests wholly in that direction.

Such officers need a knowledge of medicine; they should, however, be debarred from the practice of medicine and be known as an enemy to those things which give profit to the physician. He would soon have the enthusiasm of a man whose mind and talents are directed in one channel and have the concurrence of the people whom he would bless, and not be troubled with the hesitancy in obeying, seen when a man is advising contrary to his own interests. I therefore advocate that not only the Secretary of the State Board of Health should be a non-solicitor of practice, but the President of the Board should also be such. The President an executive officer; that he and the Secretary should be disseminators of the information they obtain by publications, lectures, visits to towns,

and conferences with Boards of Health, in localities over the State. The importance of the matter demands this much of the State. We should then have not only an office composed of a library and an advisory Board, but elements of warfare, those which disinfect; sweep out; purifiers of the atmosphere and healthfulness would be much more increased—and *we* would have less business.

A question arises as to the practicability of an officer of the State having authority over the officials of a city or county in such matters, and under the present laws he would have none, but if this officer appears in a community to abate a nuisance and acts only by giving a decided opinion in the matter in hand, the officials of the city or county would not dare to do otherwise than follow his advice, unless the said President made an egregious blunder and the officials were well fortified by a scientific or lawful opinion to the contrary.

It may be somewhat Utopian in character to believe that the day will come when we shall have specialists in Sanitary matters. When the community shall have been educated up to learn the importance and economy of calling him and *paying* him for advice, which, when followed will lessen the visits of the practitioner of medicine. When he will be asked to advise as to the proper method of conveying the excrement of the household to the ground; the effluvia to the regions above; where to dig wells; how to purify the atmosphere; how to drain; what to plant for protection from hard weather or hot sun; how to kill vermin; how to abate all nuisances and purify the atmosphere of the dwelling and its surroundings; what best to eat; how to cook it; what to wear; matters of physical and mental training in the school room and household. The laws of rest, etc., etc.

In all of these things when he is capable of giving advice has a profession which is equal to any now extant and one enviable to the highest aspiration. These are the men for local Boards of Health.

Respectfully submitted.

E. H. HAZEN, M. D.

The report of the State Society was more voluminous than was expected and, therefore, it has crowded out all other matter, although we set all our form solid and have used two extra pages. The articles crowded out will appear in our next number.—[Ed.]

We have made a change in our place of publication. By this change we expect to avoid the irregularity of date of publishing that has been so annoying to our readers, and ourselves.—[Ed.]

THE
Iowa State Medical Reporter.

DES MOINES, JUNE, 1885.

EDITORIAL.

INCENDIARISM IN THE PROFESSION.

The association of incendiarism with the profession will strike all of its members as being a little unique. The incendiary is a land pirate, one who burns, robs, and kills, whenever it becomes necessary, to obtain support. His work is sometimes softened, a few degrees, in its terrors, as manslaughter is milder than murder, although in the end, the result of each of these is the same—the death of the victim. This modification is found in the plea of the incendiary, who does not profit directly, but indirectly by assisting to build up what he has ruthlessly torn down.

Any statement, or association, that will place the profession in the relation to society, described in the above, will, and should, be met with a degree of just indignation and vigor, in proportion to the importance of its source.

That there is such an association, except possibly in a few isolated cases, the REPORTER does not entertain, or even acknowledge for the sake of an argument. Force of circumstances have made it necessary to speak of this matter, distasteful as it is.

At the late annual session of the State Society, this subject was brought up through a paper presented, but, afterwards, promptly and unanimously rejected with indignation. In the comments to be made upon the work of the Society, it was the intention of the REPORTER to speak of this subject, in a passing way, simply as an incident, giving it as little attention as could be. The publication of the rejected paper, and a letter from its author, in this issue, will explain itself. Seemingly, we were asked to publish the same, and

comment on it, as in
deserved, treating it
of the proceedings of
deny the Doctor's requi-
cowardly and unjust, and
cumstances, would be
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the Doctor's letter, as
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judgment the matter
not, and would not, do
trust that our motive
construed, either by
friends.

The paper is a direct insult to every member of the profession, and it refers back to its author, as one, who has directly insulted the profession. It attacks directly, every member of the profession, and personally, the State Board of Health, charging, that in order to obtain work they are guilty of criminal negligence, not from carelessness or ignorance, but from premeditated and studied design to further their own pecuniary interests. It is the same as saying of the lawyer, "you induce the thief to steal, and the murderer to kill, in order that you may get the fee for defending them."

To those who are students of psychology, diseases of the nervous system, etc., the motive for such an attack is a matter of scientific interest. No one believes, that the author is guilty of such practices, and, further, no one would accuse him. No one can understand why, if he has any special animosity to the State Board of Health, or its friends, he should attack the profession at large. No one can understand why, he should accuse himself of being guilty of such practices, in a public way. No one can understand why, after bringing the matter up in a similar form (but apparently in a less studied and premeditated way), last year, and receiving a prompt and sharp rebuke from the Society, he should attempt to do the same thing, at the Doctor's annual meeting. We cannot believe that the author, or his friends, will not be mis-
the author, or his

understand the position he has taken. We are personally acquainted with a large number of the Doctor's associates and know they are not men of this character. He does not state, whether it is the result of investigation, nor does he designate any of the paths of his investigations. Finally, we must acknowledge, we can see no motive, we can see no ground for such charges, and we are loath to believe that the Doctor has become irresponsible.

IOWA STATE MEDICAL SOCIETY

The late meeting of the Iowa State Medical Society was the most successful that has ever been held. It was not the largest, but it was well attended. The work of the Society, comprising new and unfinished business, was very satisfactory.

The amendment to the constitution, providing for the election of six trustees, will make that body less unwieldy, and less difficult to obtain a quorum. Of the other amendment, a standing committee on State Medicine, and one on Diseases of the Mind Nervous System, are additions that have been long needed.

If the annual meetings are intended to be instructive, special committees, like the above, and those devoted to any special branch of medicine and surgery, are the ones, from which the greatest benefit is to be derived, although the general work is probably more interesting, and conducive to discussion.

The unobjectionable and much needed part of Dr. Scofield's amendment was finally placed in acceptable shape, where it should, and probably will, be passed at the next annual meeting.

The amendment, added to the by-laws, requiring the nominating committee to present, to the Society, the names of the two candidates, for president, receiving the highest number of votes, will throw the election into the Society, and make it necessary to take a formal ballot; whether the benefits will compensate for the loss of time, and the confusion, is very doubtful. The intent is undoubtedly good, to give

every member a chance to express individual views; it is supposed that he exposed them, when he elected and instructed his member of the nominating committee.

The president's address was timely, and well received. The report of the committee on the president's address fully expressed the sentiment of the Society.

Forty per cent of the papers prepared for the several sections were omitted, and yet, the time was fully taken up. Of the papers omitted, many were from writers of whom we would expect papers of more than ordinary merit.

Of the papers read, those by Drs. Darnall, Robertson, and King, were entitled to special commendation for merit, on the ground of originality, study, preparation, and general excellence, although there were others equally good that did not contain the amount of new work.

The time apportioned to the papers and work of the Society is not adequate. It is a difficult matter to arrange. The chairmen of the sections are required, by the constitution, to examine the papers and if too voluminous, or too many, to report in synopsis; this, is discretionary, and no chairman would feel like assuming it. The chairman should be careful to caution the authors of papers to make them short and he must not invite too many. The other way, is to lengthen the session by commencing one day earlier in the week.

The committee on arrangement, in order to do justice to each section, should so arrange them that their relative positions on the program, shall be changed, from year to year, so that each section can, in turn, have a place in the early part of the session. Now that there are additional standing committees a change of this kind has become imperative; otherwise the Society must expect that these sections, which habitually come at the latter part of the session, will lose the interest of the Society. At the last session, if all the papers on the program had been prepared and presented it would have been necessary to omit several sections.

—THE—

IOWA STATE MEDICAL

A MONTHLY JOURNAL OF MEDICINE AND

VOL. II.

DES MOINES, IOWA, JULY,

ORIGINAL ARTICLES.

REPORT UPON THE PROGRESS OF OPHTHALMOLOGY AND OTOL- OGY.

BY C. M. HOBBY, M. D., IOWA CITY.

[Prepared for the last meeting of the Iowa
State Medical Society.]

The record for the past year, in the fields of special surgery, bids fair to be a memorable one, the advance being marked all along the line. To the workers in these fields, the profession at large, has been indebted, for many of the solid facts in pathology, for the development of means of physical exploration, and for the scientific establishment of the value, and the *modus operandi*, of nearly all the drugs, of which we possess rational knowledge, as distinguished from purely empirical observation.

The experience of the ophthalmologist stands firm against the spread of nihilism in therapeutics and while recognizing the value of non-medical therapeutics, accords to a few drugs potency, as great for good, as the wildest hopes of the enthusiastic herbalist. In this direction is the rapid establishment of the anesthetic properties of cocaine. Nothing in medicine so typifies the scientific progress of the nineteenth century, as the rapidity with which the knowledge of this article was spread, and its use adopted. In two special fields of surgery it has opened new possibilities of treatment.

In ophthalmology and genito-urinary surgery its discovery will have a more important effect, than the discovery of ether. In ophthalmology its principal results are added comfort to the patient, avoidance of the occasionally

disastrous operations increased radically in the public anno properties o September months ago this country of October America wa Record of O the acetate Professor H versity, wa strabismus

So far as I disastrous c from its use. anesthetic p hundred case unpleasant elasticity of hard catarac but this is a by the great Second, In t dermically, c gravity have the patient l then covered and complai discomfort, to "precordial a passing away the patient i serious distur after hypoder have occurred the fungus g solution, af weeks.

As the ab

thalmological progress for a year occupies more than one hundred pages of the *Archives of Ophthalmology* I shall only refer to a few matters of interest to the profession at large, and consider them from an individual stand-point.

ERRORS OF REFRACTION. From time to time the alarm is sounded in the journals over the increase of myopia, and the profession is warned of the dangers of deficient light in school rooms, of the necessity of preventing pupils from holding the book too close to the eyes, etc. I have heretofore called attention to the fact that the statistics of myopia, have been drawn to an unusual extent from centers of population, and that many factors enter into the formation of the myopic eye. I very much doubt if poor light, or the habit of holding the book close to the eye, ever produced myopia in an otherwise healthy eye. Confirmation of this opinion is found in an analysis of 9567 examinations by Tchenning in Copenhagen, although he traces a considerable proportion of the cases to studious habits. The conclusions I have arrived at, from examinations of students, and from patients are as follows:

First, Myopia may be inherited; this is especially true of myopic astigmatism.

Second, That the very considerable use of the eyes at short distances, for consecutive generations, produces congenital tendency to myopia. Successive generations of studious men, and successive generations of city dwellers increase the proportion of myopia.

Third, Amongst those who have for generations, used their eyes for distant vision mainly, the accommodative power works accurately at great distances. The acuteness of vision displayed by the American Indian, requires a voluntary adjustment of the ciliary muscles, so slight as to verge on the infinitesimal; in such cases myopia only occurs as a disease, and hypermetropia to a moderate extent is generally present.

Fourth, The persistent habit of holding the book close, should always be investigated; instead of reprimanding a child for an apparent habit, let the teacher search carefully for the reason

for the habit. I believe it is almost invariably associated with some defect of the vision, and in Iowa this defect will frequently prove to be hypermetropia or astigmatism. I have also found under such circumstances, polar cataracts, neuclear cataracts, zonular cataracts, retinitis pigmentosa, and so-called atrophy of the optic nerve.

In the measurement of errors of refraction there are now a multiplicity of labor saving appliances, but nothing has yet enabled us to do better work, than test-glasses, assisted by atropia or homatropine, and the ophthalmoscope.

In hypermetropic astigmatism, of persons upwards of fifteen years of age, great difficulty is frequently encountered in affording satisfactory relief. While the mathematical determination of the glasses required, to bring the refractive power of the eye to the normal standard, is easy, their application frequently fails, and I have had cause to regret allowing a patient to pass from under observation before having a thorough experience with glasses.

The reasons for this are easily found. The ciliary muscle of the astigmatic hypermetrope attempts to correct the refraction of the eye, by irregular contraction, and when the proper glasses are applied this action produces a new astigmatism with greater discomfort.

The procedure that I adopt in these cases at present is as follows:

First, Test the apparent refraction of the eye, before the use of the mydriatic; these patients frequently change the action of the muscle, as indicated above, and their answers appear contradictory, however by first getting the meridian of greatest or least refraction, of one eye, then after fifteen minutes, of the other, testing the patient not more than five minutes at a time, the result is obtained.

Second, By the ophthalmoscope in the dark room, without the mydriatic; a measurement is made.

Third, The accommodation is thoroughly paralyzed, preferably by atropia, two per cent. If by homatropine, then it must be used at short intervals, and the actual refraction is determined.

If, as is rarely the case, the three agree, then the patient will at once bear full correction.

If the apparent and real differ but moderately, not more than 0.75d, then the full correction will probably be borne by the patient, with only temporary inconvenience. If the ophthalmoscopic determination is about a mean of the other two, then it will usually be borne with little inconvenience, and the patient advised of the necessity of change ultimately.

If the apparent and the ophthalmoscopic agree, and the real differs materially, trouble may be anticipated and the patient should be kept under observation. In such cases, I know no better way than the "rule of thumb." Let the patient spend half an hour a day in using test-glasses, until the maximum correction borne, both for distant and near points be found, and the patient provided with two (or perhaps three) pair of glasses, and instructed in the desirability of overcoming the difficulty, that prevents full correction. Where such cases have been accompanied with disturbance of the nervous system, I have resorted to the expedient of keeping the accommodation under subjection with atropia for prolonged periods of time.

The discussion as to the value of disinfectants, and antiseptics is in about the same condition in ophthalmic surgery that it is in general surgery. The intolerance exhibited by the conjunctiva to carbolic acid and to bichloride mercury may, perhaps, account for the fact that the so-called antiseptic surgery has not been as universally applied to operations upon the eye as to other operations.

The use of spray complicates the difficulty of cataract extraction, and is probably omitted by those who claim to operate antiseptically, but the tacit recognition of germ infection as the source of suppurative processes following operations, has unquestionably modified the practice of those, who claim as good results without antiseptics, as are obtained with. The careful cleansing of instruments, washing the face and the conjunctival sac, previous to operations

for cataract; the recognition of even slight chronic conjunctiva, or of the dangers of suppuration, have done much towards the dangers of suppuration.

In two instances in which the following cataract, with a commencing suppurative process, passed away when frequently washed with a solution of boric acid.

The use of jequirity vascular pannus has been a recognized method of treatment, as it carries with it the dangers accompanying inoculation, it should be reserved for cases otherwise hopeless.

The value of the ophthalmoscope in the diagnosis of diseases of the brain and nervous system, remains at about the standard fixed by Gower in his excellent work on Medical Ophthalmoscopy in 1882, inter-cranial changes can often be determined by the ophthalmoscope, but seldom located, so also lesions of the kidney can be recognized but seldom differentiated. Retinal changes occurring with diseases of the brain present a sufficient variety of characters to lead us to hope eventually to be able to make the ophthalmoscope a means of differentiation, but excepting the constant accumulation of observations, we are apparently no nearer that point than we were ten years ago.

As another link which may find its place in the complete chain, I have in a single instance of so called albumenuric retinitis, accompanied with a great amount of white exudation, found the urine enormously loaded with tyrosin. Was the tyrosin a product from urea? If so, why should it find such ready elimination, while the urea was eliminated with difficulty?

Was there any connection between the tyrosin (which was being excreted at an apparent rate of from 300 to 500 grains per diem) and the retinitis? hope that cases of albumenuric retinitis will be examined in reference to presence of tyrosin.

I am pleased to be able to lay before you a decided therapeutical advance in the treatment of acute suppurative inflammations of the middle ear. It is shown by Gottstein, *Archives of Ophthalmology*, December, 1884, that after thorough cleansing the ear the insufflation of calomel into the middle ear, through the perforation of the membrane, is usually followed by early cessation of the discharge.

The recognition and arrest of suppurative inflammations of the middle ear, so commonly occurring in connection with scarlet fever and measles, will do much to diminish the total amount of deafness. Since the article appeared I have treated eight cases of acute suppurative inflammation of the middle ear with the uniform result of cessation of the discharge within ten days, and preservation of the normal acuteness of hearing. The details of the treatment are briefly these:

First, The ear is thoroughly syringed then with the air bag the tympanum is freed from any remaining discharge or water, and the canal dried with absorbent cotton. Second, the calomel is blown into the external ear by an ordinary glass dropper. Third, The treatment is made at first daily, then as the discharge diminishes, on alternate days. As in the treatment of any of the many forms of suppurative inflammation of the middle ear it is a prerequisite to success, that the treatment be carried out by the surgeon himself.

During the past year much has been written in reference to the supposed influence of diseased teeth in the production of aural disease, and especially in reference to diseases of the ear, caused by the retention of teeth with dead or removed pulps.

While it is apparently true, that those constitutional conditions, which lead to early decay of teeth, predispose to diseases of mucous membranes, and while coincidence of both toothache and ear pain, are not rare, yet I have not as yet satisfied myself in any particular instance, that the disease of the teeth produced disease of the ear.

Does quinine or salicylic acid ever produce permanent deafness? That

quinine produces temporary impairment of hearing is admitted, the same is true of salicylic acid, and every practitioner encounters cases where deafness is attributed to a former cinchonism.

Since it is established that quinine may produce amblyopia, and that the amblyopia thus produced is followed for a long period of time, if not for ever, by a contraction of the visual field, we are led by analogy to the inference that it is possible that a similar result may be produced by the same means upon the organ of hearing.

We should expect that any effort of this kind would be manifested, either in the internal ear or centrally, certainly not in the middle ear. For the last three years I have examined all cases of deafness in reference to the possibility of quinine or salicylic acid having been the cause, and thus far my results have been entirely negative, every case attributing deafness to the effects of quinine, having had abundant cause for that deafness, either in impaction of cerumen or in middle ear disease.

THE LAST SICKNESS AND DEATH OF DR. FRANK HUNTER OF NEWTON.

BY J. R. GORRELL, M. D., NEWTON.

[Read before the Jasper County Medical Society and, upon the motion of Dr. J. H. Moore, the paper and poem were ordered to be sent to the IOWA STATE MEDICAL REPORTER for publication.]

On the evening of April 4, at about 10 o'clock, Frank Hunter was suddenly attacked with severe pain in the right hypochondriac region. The pain was intermittent in character, followed by nausea and vomiting soon after its commencement. The pulse and temperature were normal.

The conclusion, somewhat hastily formed, was that the severe pains were produced by the passage of gallstones. The symptoms taken in connection with the fact that at one time last winter, in a similar attack forty-seven gallstones were passed, seemed to justify our diagnosis. The treatment at first consisted of hypodermic injections of morphia and the inhalation of chloroform.

In connection with these symptoms

THE IOWA STATE MEDICAL REPORT

at times there were severe pains in the right iliac region radiating over the abdomen, which led us to fear a low grade of peritoneal inflammation.

For several days previous to his sickness, he had complained of a feeling of soreness in this region, and for a time this was completely obscured by the more severe pains in the region of the liver, but they soon became almost constant, and general instead of local as at first. Early Sunday morning there was a general hardness of the abdomen, accompanied by tenderness on pressure and slight tympanites. These symptoms continued about the same throughout the day. The attacks of pain in the region of the liver were fewer in number than during the previous night, and Sunday night he secured a few hours sleep, but Monday morning about 7 o'clock a sudden collapse announced what was supposed to be perforation of the ductus communis choledochus or duodenum.

The prostration gradually became more marked until 11 o'clock Monday night when death took place.

The treatment throughout his sickness was mainly morphia, combined with stimulants, after perforation had occurred.

The morphia was given hypodermically in full half grain doses, so that he was kept partially under its influence all the time. As nothing put into the stomach was retained more than a few minutes, efforts were made, but without success, to maintain his strength by out stimulants, consisting of brandy, rectal alimentation, consisting of brandy, whiskey, and milk.

A post-mortem held Tuesday, at 1 p. m., showed no gallstones either in the gall bladder or duct, but simply an over distended condition of the gall bladder, and obstruction of its duct by inspissated bile. The appendix vermiformis was attached to the abdominal walls, strong, and apparently old adhesions.

A perforation was found just below the ileo-cæcal valve evidently due to an old ulcer.

The abdominal cavity contained at least two pints of sero-purulent matter, while the peritoneum, especially over

the omentum, at high stage of inflammation in many places, was in many places from degeneration into acute peritonitis. Death in this case of acute peritonitis, of obstruction of the ulcerated region of the peritoneum in the iliac region, as the opinion, as the at collar much inflamed from there death resulted from perforation upon perforation would whether not know. Had red had not existed without peritonitis believe he might we now a surgical operation saved by the pus; even with removal of the purulent material, an escape of more pus for the escape of more pus, not have resulted in the post it might have, at least, peritoneum. In every case of peritoneum I have assisted in the post abdominal cavity has contained one pint to several quarts of purulent or purulent matter.

If this amount of fore were known to exist in any or cavity, an attempt for its removal would undoubtedly be made.

If the serous membranes are punctured or incised without results in the one case, as shown in the opening of the pleural cavity pericardium—why may we as reasonable a hope of success in similar circumstances, subject to the same danger, but a patient's life is in immediate danger. An early operation in the abdomen, we will up for advice and insist on immediate removal by abdominal treatment.

We are not without this mode of treating suppurative peritonitis. The Therapeutic showing several cases successfully and can be, successfully reported a case of acute

eal inflammation, due to the bursting of an abscess into the peritoneal cavity. This was removed, the contents of the abdomen thoroughly washed by many quarts of water, and a drainage tube inserted.

St. Bartholomew's Hospital records a case of circumscribed peritonitis occurring in a medical student, æt. 19. An incision near two inch long was made in the linea semilunaris and nearly two pints of foetid pus evacuated, the abdomen thoroughly cleansed, and a drainage tube inserted.

Both of these patients were in critical conditions, with death apparently near. Both, however made good recoveries. The treatment is new and heroic, but when all other means fail, it certainly cannot be objected to as a last resort, and we hope and believe the time will soon come when it will be given a fair trial.

Frank was in his 28th year. He graduated with high honor the first of March in the Missouri Medical College, in St. Louis. He was at all times warm hearted, social, and genial. He was the soul of honor socially and professionally. His education was fair, and he possessed rare ability as a writer, combining wit, humor, satire, and pathos. He was deeply in love with his profession. In surgery especially he would have ranked far above the average. As an assistant and operator, he was cool, bold, and cautious. His tastes, hopes, and aspirations, are well described in the following original poem, written the day after his death, by a young lady in Newton.

Panting with anxious unrest,
In the bright morn of his life,
Eager to join in life's race,
And plunge in the world's great strife.

Watching with raptured delight
The laurel crowned temple of fame,
Longing to climb her heights,
And twine her fair leaves around his name.

Ambition awoke the desire;
Hope quickened the flame in his breast.
Youth promised her strengthening aid,
To lighten and grant their behest.

But just as he girded the armor on,
Already to start on the race,
Death came with his shining sickle,
And swept him away from his place.

Dead, in the day dawn of his life?
'Tis sad to be thus bereaved,
For who knoweth, had he but lived,
What triumphs he might have achieved.

Dead, in the day dawn of his life?
Gone to the Day above,
But oh, what hearts will sicken and grieve
For the tender, bright light of his love.

Dead, in the day dawn of his life?
We echo with muffled breath,
For who knoweth why in the bright dawning
He plighted troth with Death.

But Death, like mortals on earth,
Loveth the bright and fair,
And in his far off silent Kingdom,
He'll guard him well with tenderest care.

Then lay him gently away,
On the field where he hoped to win fame.
Where the bright deeds of his life, like a halo,
Shall brighten forever his name.

REPORT OF CASE.

AN UNUSUAL CASE IN MID-WIFERY—PLACENTA PREVIA AND TWINS.

BY JAS. T. PRIESTLEY, M. D., DES MOINES.

May 27, 1885, I received an urgent call to attend, as accoucheur, Madame Larson, a native of Sweden, a poor, weak, debilitated woman of forty-six years of age and the mother of eleven children. I found, upon my arrival, that a mid-wife had been called to attend the lady, but who, upon making an examination, pronounced it a very dangerous case and advised them to send for an accoucheur and then retired from the case.

The woman gave a history of normal pregnancies and remarkable easy labors, but said that this pregnancy was different from the others as she had been having repeated, frequent, and alarming hemorrhages during the last month. As she finished telling me this history, a contraction of the uterus took place and a perfect deluge of blood came through the vulva. Passing my finger up the vagina I soon discovered that I had a placenta previa to manage. I requested the husband to bring Dr. Currie to my assistance. Another contraction took place, and I saw that to hesitate any longer would be death to the mother. I passed my hand into the vagina and tried to separate the placenta, but it was so firmly adherent that I despaired of separating it; I then plunged my hand through the placenta, found the feet, and brought down one, and then

the other foot. I drew the foetus through, so its hips were in the os, and then paused, thinking the foetal body would make pressure enough to control the hemorrhages. The hemorrhages continued as rapidly as before, I then brought down the arms and let the head occupy the os, thinking again, to get pressure enough to check the hemorrhage and to give the uterus time to regain itself, but again, I was disappointed, the hemorrhage kept on. I rapidly delivered the foetus and found the hemorrhage still excessive. I placed my hand on the abdominal wall, to compress the uterus, and found there was a second foetus. I again rapidly passed my hand into the uterus, caught the feet of foetus number two and brought them down, leaving the hips to compress the placenta at the os, thinking that the reason the first foetus could not produce pressure enough to check the hemorrhage was because of the presence of the second foetus. Again, it failed. There was both internal and external hemorrhage. I brought the foetus down and paused when the head was in the os, as I did not want to empty the uterus so rapidly, still there was excessive hemorrhage. I then delivered the second foetus, seized the uterus, making firm compression, and out came the placenta of foetus number two, but the hemorrhage was not checked. I now saw the hemorrhage was from the torn placenta of foetus number two. I found the placenta so adherent that I had to peel it away with one hand while I compressed the uterus with the other. My only assistant, a young married woman, distinguished herself by fainting and falling upon the floor. Dr. Currie soon came in and I requested him to try to resuscitate child number one, which gave no evidence of life. (Child number two was crying lustily.) The Doctor worked faithfully but could not resuscitate it. He then came to my assistance, compressed the uterus firmly and relieved me in peeling away adherent placenta which had been allowing the blood to pour through it the same as through a sieve. We then gave the non-pulseless woman, who looked as if kind

father death had relieved her of all other trouble, hypodermatic injection of ergot and whiskey. Three syringes of ergot and ten of whiskey. In an hour, the uterus contracted strongly and the pulse in the wrist came back, reaction, was established nicely in two hours, and our woman, out of danger. Of course we had elevated foot of the bed, lowered the head, and compressed the aorta.

Here, I had several complications. First, a weak woman, forty-six years of age, mother of eleven children, and consequently, a uterus likely to want to come out. Second, complete and entire placenta previa; Third, twins; Fourth, adherent placenta.

Result—A live mother, one living, and one dead child.

If I had had any one to inflate the lungs of child number one I would have saved it.

I could not leave the poor mother long enough to resuscitate the child as it perished from want of attention.

The woman made a complete recovery in two weeks.

CORRESPONDENCE.

FT. DODGE, June 25, 18

Editor Reporter—The medical practitioner so frequently meets with evil results of opium and its preparatives that it becomes his duty as a guardian of public health to use his best endeavors to prevent the formation of this habit.

Every drug store, whether in city or rural village, has its regular customer and it would be interesting to know the actual number addicted to its use, but so much secrecy is employed by its votaries that this can never be known.

In every case of opium habit, a physician is accused of carelessness in the use of the remedy, though in truth, it is practically never at fault in these instances. True, opium is prescribed to him, but always for so brief a period that no evil consequences can ensue. No fixed habit is ever thus formed. The amount prescribed, and proper for the patient to use, is consumed,

without the knowledge of the physician, the prescription is refilled, or the patient orders for himself; and, establishing the practice, charges the profession with his ruin.

On December 4, 1884, I visited W. O. suffering from a painful injury to the foot. Morphia was prescribed for one week. A fortnight later, by some accident, I discovered a box of morphia granules which he had ordered and was taking for their pleasing effect.

A brother practitioner gave morphia in a case of abortion. The lady began ordering regularly for herself whenever in slight pain thereafter, and is now a regular consumer of the drug. Dr. ——— receives the credit as is well known to all her friends.

Similar instances have been observed by every practitioner, and it is thus, we think, that every case may be traced to its origin.

Because we use the drug scientifically is no reason for censure at its abuse by others. The patient and the druggist are alone responsible for the result.

If the use of opium be left in the hands of the physician, it is safe to say that the habit will never be contracted, save in those rare cases of malignant disease where it is purposely produced.

The same is true of chloral and other narcotics.

This class of dangerous drugs should be scheduled by our State Board of Health, and together with the facts, submitted for proper legislative action. In this schedule should also be placed at class of drugs known as oxytocics. These when sold not in physician's prescription are invariably used for the induction of abortion. Druggists have considerable trade in them; the most common being cotton root, savin, tansy, ergot.

The sale of these drugs be prohibited by statute, with a heavy penalty, except when sold on prescription of a reputable physician, prescription never to be refilled without his special order, and need not fear the use nor the abuse of these remedies.

J. W. KIME.

SOCIETY REPORTS.

NORTH IOWA MEDICAL SOCIETY.

POSTVILLE, June 5, 1885.

The twenty-sixth annual meeting of this Society was held at city hall, in Postville, on Friday, June 5, 1885; the President, Dr. C. H. Hamilton, Dubuque, presiding.

There was a good attendance, and renewed interest.

Drs. D. H. Bowen and W. T. Gilchrist, Waukon, upon a favorable report from the Censors, were admitted to membership.

The retiring President, Dr. C. H. Hamilton, read his annual address, a paper of more than ordinary interest in this profession, and received the thanks of the Society therefor.

The regular subject for discussion (cancer), was then taken up and discussed by all the members present, many of whom illustrated their views with reports of cases.

Dr. W. C. Lewis, Clermont, strongly advised the letting severely alone of all cases of real cancer, especially of the encephaloid variety, that is so far as local treatment is concerned, believing that as a rule, life was shortened by active measures. He believed that cancer was, in a marked degree, hereditary, the opinion of high authorities, Willard, Parker, and others, to the contrary notwithstanding.

The opinion prevailed that tobacco does not produce cancer, but that the tobacco pipe, may and often does.

Dr. Jewell thought that growths of different kinds naturally benign, are developed into cancerous growths by caustic treatment. Remove non-malignant growths early, and thus prevent this danger.

Dr. C. H. Hamilton reported an interesting case of gunshot wound of face, ball still remaining with no bad results.

Drs. J. C. Crawford and J. S. Roome, were appointed essayists for the next annual and semi-annual meetings.

Officers elected for the ensuing year are: President, P. M. Jewell; Vice-

President, J. C. Crawford; Secretary and Treasurer, L. Brown; Censors, W. C. Lewis, J. S. Roome, and L. Brown.

Delegates to American Medical Association—W. C. Lewis, C. H. Hamilton, and L. Brown. Delegates to Iowa State Medical Society—J. C. Crawford, W. T. Gilchrist, and D. H. Bowen.

By vote of the Society, Dubuque county was added to the territory embraced by this Association.

Splints and Bandages and their Application was chosen as the next subject for discussion.

The city of McGregor was chosen as the place, and December 4th as the time, for holding the semi-annual meeting.

Adjourned.

L. BROWN, Sec.

CENTRAL DISTRICT MEDICAL ASSOCIATION.

JEFFERSON, June 16, 1885.

The Eleventh Annual Meeting of the Central District Medical Association of Iowa was held at Jefferson, June 16, 1885.

Present: Drs. Chas. Enfield, *President*; A. A. Deering, *Secretary and Treasurer*; H. D. Ensign; W. S. Schermerhorn; J. D. McVay; G. D. Rowe; G. H. Grimmer; O. W. Lowry; C. O. Hood; A. L. Wright; D. S. Fairchild; L. R. Sale; and L. J. Alleman.

The records of the last meeting were read and approved.

The Board of Censors reported, recommending the following gentlemen for membership in the Society and they were duly elected: J. H. Lyons, Moin-gona; F. D. Cass, Churdan; Ira D. Payne, Linden; E. B. Plumb, Ames; J. M. Sherman, Paton.

Dr. Townsend, Lohrville, was made a member by invitation.

The Committee on Ethics preferred charges against a member for advertising and the time for trial was set at the next regular meeting.

The Treasurer reported showing a balance of \$132.21 on hand.

On motion the report was adopted.

The Secretary reported the membership of the Society including those received to-day as forty-three.

The annual address of the President

was listened to it was a very work of the me elicited an inte

The following the ensuing year; H. D. Er A. Deering, Sec

On motion of selected as the next meeting.

Drs. Alleman were appointed

Dr. Alleman Tracheotomy in by a very length cle giving a rev the subject at tl

The discussion the members wa ation and that t time were very

The subject presented by E lengthy and int lowed, participa members.

Resolutions u cal Legislation Lowry and adop

Drs. McVay, were elected a co

The President pointments—Bo

Schermerhorn, Committee on

Wright, and Fai

jects at the next Lowry, De Tarr,

geon, Plumb, and Dr. Fairchild

was continued o The Society a

ter a very intere

KANSAS LAW edge receipt of Kansas Law J prohibitory, ph board of health session of the F lished by G. W Price, 25 cents.

IOWA ALUMNI ASSOCIATION OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF MICHIGAN.

CEDAR RAPIDS, May 21, 1885.

The annual meeting of the Iowa Alumni Association of the Medical Department of the University of Michigan took place on the evening of May twenty-first at the parlors of the Northwestern Hotel.

Meeting was called to order by President, A. L. Worden, of Des Moines.

Members present were Drs. Rosa Upson, '81, Marshalltown; H. C. Huntsman, '51, Oskaloosa; Alice M. Stark, '79, Ottumwa; G. B. Ward, '80, Fairfield; R. A. Dunkelburg, '80, Denver; E. Amelia Sherman, '79, Independence; A. M. Garlock, '67, Dayton; Woods Hutchinson, '84, Des Moines; A. L. Worden, '79, Des Moines; John North, '68, Keokuk; G. E. Fullerton, '73, Marion; J. P. Morrison, '68, Traer.

Motion made, and carried, that date of meeting be changed from first to second day of meeting of State Medical Society.

Motion made, and carried, that the Secretary be authorized to have a list of State Alumni printed for distribution.

Official notes of last meeting read and approved.

Officers were elected as follows: *President*—John North; *First Vice-President*—A. L. Worden; *Second Vice-President*—G. B. Ward; *Secretary and Treasurer*—Rosa Upson; *Toast Master*—R. A. Dunkelburg.

Motion made, and carried, that the Secretary be authorized to invite Dr. A. B. Palmer of University of Michigan to favor us with his presence at our next meeting.

President North appointed as executive committee Drs. Worden, Hutchinson, and Upson.

Motion made, and carried, that Dr. D. W. Crouse be invited to become an honorary member of this Association by invitation.

ROSA UPSON, *Sec.*

CEDAR VALLEY MEDICAL SOCIETY.

INDEPENDENCE, July 7, 1885.

The Cedar Valley Medical Society met at Fireman's Hall, Independence, Tuesday, July 7, 1885, for its annual meeting.

The following were present: Drs. Crouse, Fullerton, Bail, Norton, Richards, and Chase, of Waterloo; McCluer, Minges, Hillam, and Nitzche, of Dubuque; Wilson, Hill, Brainard, Penfield, Warne, Hunt, Sherman, and Dwyer, of Independence; Sherman, of Manchester; Sweney, of Cascade; Ward, and Dewey, of Fairbank; Wilson, of Summer; Hyde, of Brandon; Evarts, of LaPorte; Record, of Rowley; McClain, of Beaman; Reynolds, of Clinton; Whitley, of Osage; Thomas, of Carson; Fullerton, of Raymond; Weir, and Smith, of Jessup.

Minutes of January meeting read and approved.

Committee on constitution and by-laws reported, recommending that all practitioners who have been regularly in practice for ten years previous to the date of their application, shall be eligible to membership. Upon motion, the report was received, and, after some discussion, was adopted.

Seventeen members were received in full membership into the Society, making its present number thirty-eight.

Letters of regret were read from Drs. Staples, of Dubuque, and Morrison, of Traer.

Dr. G. H. Hill cordially invited the Society to hold their afternoon session at the Hospital for the Insane.

On motion unanimously accepted.

The next in order of exercises was passed, in order that several interesting cases might be considered.

Dr. Fullerton, of Raymond, reported two interesting cases that he had been attending. One of chronic diarrhoea, the other of persistent hæmaturia. The cases were assigned for diagnostic purposes to special committees. The former was given to Drs. Crouse, McClain, and Horton, who reported after due consideration of the case, that in their judgment the ætiology of the case was dis-

closed by *impure drinking water*, as several other members of patient's family were afflicted similarly, but not so seriously. They recommended close and careful attention to the source whence patient obtained his drinking water as a condition precedent to any permanent cure. The second case referred to a committee consisting of Drs. Minges, Sherman, and Evarts, reported the hæmaturia as a probable result of some kidney affection, but could not give a decisive diagnosis without microscopical examination of urine.

Dr. Richards, of Waterloo, presented a paper upon Typolitic Abscess with Fæcal Fistula, illustrating his paper by the subject whom he had treated to a successful termination, showing to the members the fistulous opening.

To Drs. Fullerton and Richards no small share of whatever success the meeting proved to be is due in the evident interest they manifested in their work.

An excellent paper on Perityphlitis was next presented by Dr. Horton, of Waterloo, with notes of a case treated by himself, and Dr. Fullerton, of Waterloo.

Dinner being announced at this stage of the proceeding the Society adjourned as previously announced to convene for its afternoon session at the Hospital.

AFTERNOON SESSION.

The Society re-convened at Hospital Chapel, at 3 p. m., the members having been very courteously shown through the various wards by Drs. Hill, Brainard, and Penfield.

Dr. Fullerton, of Raymond, having been called away his paper upon Erysipelas was deferred to a future session.

Drs. Pierce, and Eddy, being absent, the same disposition was made of their papers.

Dr. Brainard gave what proved to be one of the features of the session in his talk upon Progressive Paresis, illustrating his subject by patients from the wards of the Hospital.

Dr. Hill gave a description of the classification of the inmates of the Asylum, and read a paper entitled Is Insan-

ity in Iowa Inc reported a case of patient who had opium.

Officers for t elected as follow

Drs. B. McClue man, *Vice-Presic tary and Treasu*

The following

Resolved, That by desires to exp the courtesies s the members of Medical Society, Hill and Drs. f of the Asylum, t from them—as the institution.

Upon motion s to meet the seco at Waterloo.

BENJAMIN MCC

DECATUR CO

Decatur Coun to order by the

Dr. O. W. F. mended for me duly elected.

Next in order which resulted Horner, *Presid Secretary*; Dr. urer.

Members p: Horner, Gardne Van Werden, F Foxworthy.

Dr. Layton Catarrh of the of the Liver.

After an in Society adjour p. m.

Society calle The name or posed for men elected and th The Commi

slation reported progress, and asked for more time, which was granted.

There was a general discussion of the subject in which all the members expressed themselves as being in favor of Medical Legislation. The final discussion and disposition of the subject is to be at next regular meeting.

On motion, time of meeting was extended to every two months, instead of every month, making the next regular meeting on Friday, August 7.

W. Van Werden, Sec.

MITCHELL COUNTY MEDICAL SOCIETY.

STACYVILLE, July 15, 1885.

The twenty-fourth semi-annual meeting of Mitchell County Medical Society was held with Dr. Brainard, Stacyville, July 15, 1885. The day was beautiful, and the attendance large, every member being present except Dr. D. E. Cutler, who was detained at home by severe indisposition.

At 1 p. m., seated around a fragrant and sumptuous table beneath the wide spreading maples which surrounded the doctor's pleasant home, Dr. A. H. Moore and wife, Dr. Blackman and wife, Dr. Rolfe and wife, Dr. Bundy and wife, Dr. Cobb and wife, Dr. Fellows and laughter, Dr. M. L. Cutler and wife, Dr. Whitley and wife, Dr. Gable and wife, Dr. F. W. Chase and wife, Dr. A. B. Cutler and wife, Dr. Hill, Dr. Brainard and wife, and Dr. S. B. Chase and wife, with friends, fanned by gentle breezes feasted with much satisfaction upon the epicurian viands prepared in abundance by the doctor and his estimable wife. And here permit me to say that should any of your readers question the gastric ability of the Mitchell County Medics, the culinary qualifications of her fair daughters, we invite personal inspection at our next gathering.

After dinner, in a shady nook, the Society was called to order by the President, Dr. F. W. Chase, and its routine business completed. Dr. Hill then read an interesting and instructive paper on temporary teeth, which elicited a general discussion. Some divergence

existed as to the proper time to lance the gums of infants, yet all agreed that we do not lance them as often as comfort and health demand.

Dr. Fellows reported a mirthful case of clairvoyance, the luminous scintillation of an ancient clerico-medic; and humorously described the bewildering stare as the wife naively remarked in answer to an inquiry about the patient's tobacco habit, when with owlish wisdom hidden pathological mysteries were being revealed, "why, doctor, cannot you see how that is?"

Dr. Bundy reported a case of puerperal convulsions, attributable he thought to the excessive amount of albumen present. Hypodermic injections of morphine sulphate relieved the spasms, and potus acetus and infusion of digitalis removed the albumen and relieved the patient, so that she went to term and was kindly delivered in about a month.

Dr. S. B. Chase reported a case of congenital deformity, an abdominal tumor about the size of a pint bowl inverted, with peritoneal covering, the cord protruding from the center. Otherwise the child was healthy and the functions of life normal. Death supervened on the twelfth day, an operation or post-mortem having been declined by the parents.

Dr. Cobb reported a case of white gangrene of some months standing, in a Dane girl about 21 years of age, without any traceable hereditary cause. The patient is slightly anæmic, otherwise her general health is good. In the early history of the case the uterine function was impaired, but now is normal. The disease attacks the lower limbs, and comes on usually in the night, making its appearance in elevated, white spots or patches surrounded by a red margin when at bed time the parts were apparently healthy. In a few days these slough, leaving an open ulcer which heals readily by healthy granulations, to be replaced, however, by similar attacks elsewhere. Dr. Rolf suggested a possible leprous origin. Dr. Whitley thought the ulcers healed too rapidly for that, and inquired whether the cause might not be due to peripheral embolism, as the ulcers were only skin

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deep. Dr. Bundy questioned its embolic origin, and suggested pernicious anæmia. All decided that active supporting and alterative treatment was indicated, whatever the cause. The doctor said that no line of treatment appeared to arrest the disease; that he had tried in vain the remedies suggested in works which treat of the disease, which, by the way, are comparatively few.

Other cases were reported and discussed; the Society then cooled their stomachs with delicious ice cream, gave the host and hostess a hearty vote of thanks, bade them and each other a cordial goodbye, and, admonished by "the day's lengthening shadows"—separated for home—distances ranging from 10 to 20 miles. rested, refreshed and happy; and wondering why the medical men of every county in the State do not at least once a year enjoy a similar social and professional visit. Life would be more joyous and the profession more united and effective should they do so. The place for holding the next annual meeting was left with the Secretary.

S. B. CHASE, Sec.

REVIEWS.

PALATABLE PRESCRIBING. By B. W. Palmer, A. M., M. D. Detroit, Geo. S. Davis. Flexible cloth, 8 mo, 136 pages. Price, \$1.

This book contains palatable prescriptions compiled from the private records of a large number of the most distinguished writers and practitioners. The prescriptions are so arranged and subdivided as to make it valuable for ready reference. To those not in possession of a work of this kind, it is well worth the price.

THE DIAPHRAGM. By J. M. W. Kitchen, M. D. Albany, E. S. Werner. Flexible cloth, 100 pages. Price, \$1.

This treatise was awarded the first prize offered by the *Voice*; the competition being open to all writers, foreign as well as American. Without doubt it is the best work on this organ in any language. It treats the subject under the heads: anatomy, physiology, and hy-

giene. While the ably more for the research and make it a valuable adjunct as an adjunct of hygiene.

BACTERIAL PAPER. Published by Industrial. Price, 25 pages.

SANITARY DISINFECTANT. By Palmer, A. M., M. D. Davis. Price, 25 cents.

It is a practical useful and general household use of ful alike for the

HAY FEVER TREATMENT. By Philadelphia, F. vo, 103 pages.

In the ætiology author draws from experience and from citing cases. It refers to the general criticizing them by perience and other each. The work, connected treatise author claims prior treatment. It is reference and study opinions and practitioners of belongs.

SURGICAL DELI. By John B. F. Philadelphia, F. 12 mo.

It is a neat, sm Its statements as the information the possession of tioner.

OLEATES. By J. M. D. Philad Cloth, 12 mo, 1

This work is manufacture, pl therapeutic effect compilation of ments, and is the name of the aut ficient weight a

IOWA HOSPITAL FOR THE INSANE.

INDEPENDENCE, June 1, 1885.

Movement of population for May:

	M	F	T
Remaining April 30.....	363	285	648
Admitted, curable cases.....	6	7	13
Admitted, incurable cases....	21	7	28
Total number treated.....	390	299	689
Discharged, recovered.....	4	1	5
Discharged, improved.....	5	2	7
Discharged, unimproved.....	2	2	4
Discharged, died.....	1	0	1
Remaining, May 31.....	378	294	672

Respectfully,

GERSHOM H. HILL, *Supt.*

IOWA HOSPITAL FOR THE INSANE.

MT. PLEASANT, June 1, 1885.

Report for May:

	M	F	T
Remaining April 30.....	271	225	496
Admitted in May.....	13	20	33
Returned from visit.....	4	1	5
Total under care.....	288	246	534
Discharged, recovered.....	2	4	6
Discharged, improved.....	5	1	6
Discharged, unimproved....	1	1	2
Discharged, died.....	2	3	5
Remaining, May 31.....	277	238	515

Daily average under care, males, 273; females, 232; total, 505.

Respectfully,

H. A. GILMAN, *Supt.*

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, June 1, 1885.

Movement of population for May:

Present May 1.....	260
Admitted.....	2—262
Died.....	1
Present May 31.....	261

Respectfully,

F. M. POWELL, *Supt.*

IOWA HOSPITAL FOR THE INSANE.

INDEPENDENCE, July 1, 1885.

Movement of population for June:

	M	F	T
Remaining May 31.....	378	294	672
Admitted, curable cases.....	7	6	13
Admitted, incurable cases....	18	9	27
Total number treated.....	403	309	712
Discharged, recovered.....	2	2	4
Discharged, improved.....	3	3	6
Discharged, unimproved....	4	1	5
Discharged, died.....	3	0	3
Remaining June 30.....	391	303	694

Respectfully,

GERSHOM H. HILL, *Supt.*

IOWA HOSPITAL FOR THE INSANE.

MT. PLEASANT, July 1, 1885.

Report for June:

	M	F	T
Remaining, May 31.....	277	238	515
Admitted in June.....	24	17	41
Returned from visit.....	2	4	6
Total under care.....	303	259	562
Discharged, recovered.....	6	2	8
Discharged, improved.....	5	1	6
Discharged, unimproved....	0	3	3
Discharged, died.....	1	0	1
Remaining, June 30.....	291	253	544

Daily average under care, males, 281; females, 243; total, 524.

Respectfully,

H. A. GILMAN, *Supt.*

IOWA INSTITUTION FOR FEEBLE MINDED CHILDREN.

GLENWOOD, July 1, 1885.

Movement of population for June:

Present June 1.....	261
Admitted.....	0—261
Died.....	4
Present June 30.....	257

Respectfully,

F. M. POWELL, *Supt.*

THE
Iowa State Medical Reporter.

DES MOINES, JULY, 1885.

EDITORIAL.

CONSISTENCY.

* * This school not only adheres to its strictly graded and extensive curriculum and long term, but has provided a fourth year term for such students as choose to avail themselves of it. *Editorial, Journal Am. Med. Asso., Sep. 29, 1883.*

* * How men of education and sometimes of rare talents, can allow themselves to pursue policies and indulge in practices in the name of a medical college, which they would instinctively shrink from as disgraceful in their individual professional capacity, is a mystery to us. There is only one item of comfort to be gleaned from all this unprofessional scrambling and bidding for students; which is that it is rapidly maturing a public sentiment, both in and out of the profession, which will soon lead to the enactment of such laws as will effectually separate from medical colleges the right to grant diplomas conferring the right to practice medicine. *Editorial, Journal Am. Med. Asso., Mar. 22, 1884.*

OFFICE OF
JOURNAL OF THE AM. MEDICAL ASSOCIATION.
65 RANDOLPH ST.

CHICAGO, August 7, 1883.

DR. —

Dear Sir — Your letter is received to-day. If you furnish us with a certificate from one or more members of the regular profession that you have attended one or more annual courses of Medical College instruction (need not say what college), and have been in practice several years, and are now in good standing in the regular profession where you live, we could admit you as member of the 3d year class and as a candidate for graduation at the close of the term the last week in March next, you would be required to undergo examination on all the branches the same as any other student.

Yours truly,

N. S. DAVIS.

P. S.—If you preserve this letter, bring it with you.

We believe the were written by the The original letter sion, the party to addressed has been long time—by requ The identity of th signature containe has been fully es them to those fan handwriting.

The circumstance letter was written : stance these: The letter was addressed in an eclectic colle a period of years. ular, and, being des loma, he made app several schools, sett he had attended on an eclectic school, practice for a perio of the above letter school of which Dr. and he subsequentl at a regular school

The above explan extracts and the stronger by comme

We know that th many of Dr. N. S. some of them, fro may doubt the ide with others, accep REPORTER, and the its publication. I be no misundersta position, which is not even a reason letter was writte Were he, like mos ing his attention tice and holding trust, we would stances, give pu treating this subj Davis is concerne with Dr. N. S. D ual, but, publish the inconsistent

open to public criticism, because he occupies a public position—a position of trust, and one touching the vital parts of professional ethics. It is the duty of every professional man to make public the betrayal of such trust, either directly or indirectly, in order that public morals and public practice may be kept pure, or may be purified. The attacks and criticisms (justly made) upon schools and institutions, other than his own, render him open to like criticisms, etc., as a representative of a medical school.

If, upon investigation, it can be shown that we were in error as to the identity of the letter, we hold ourselves, at all times, ready and willing to make all reparation.

EDITORIAL NOTES.

It is with pleasure we clip, and publish the following—exonerating an honored member of our profession and a brother editor:

Judge Rogers, of Chicago, has quashed the *capias* issued against Dr. John V. Shoemaker, of this city, when he was in Chicago a few weeks ago, at the suit of Mr. Merritt, of Troy, N. Y.—*Philadelphia Press*.

* * *

Among the Society Reports, that of the Mitchell County Medical Society contains facts of such an interesting and progressive step that we feel called upon to give it personal notice.

Every member of a county society being present at a meeting, together with his wife or friend, save one and he detained by sickness, is an indication that there are some places in Iowa where petty jealousy, strife, etc. are at least overlooked, and we hope, and believe, buried. From such a funeral must come an increase of the feeling of common interest, common protection, and common mission. The *REPORTER* congratulates the Society and enthusiastically holds it up as an example for imitation to other societies.

* * *

We have received the first copy of *Daniels' Texas Medical Journal*, edited and published by F. E. Daniels, M. D., Austin,

Texas. It is a mixture of humorous, ridiculous, and serious. It has commenced to float against the stream. The first number indicates that it will live, have notoriety, and success.

CHOLERA MORBUS—Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermatic injection of morphia, one sixth grain, and atropia, one one-hundredth grain, to be repeated in half an hour, if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity but manifest a disposition to linger, the best results will be obtained from the administration of calomel, one-eighth grain, soda bicarb., three grains, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral one part, soap liniment three parts. Instantaneous relief can always be secured by the use of chloral hypodermatically.

Dr. Harkin, of Belfast, claims that equally brilliant results can be obtained by his method of applying counter-irritation to the right pneumogastric nerve. He does not use any internal remedies, but merely brushes some cantharidal collodion for a few inches over the course of the vagus, commencing behind the angle of the jaw. As soon as the irritation is transmitted to the nerve, the vomiting and purging is checked. Dr. Harkin has reported a number of cases of cholera morbus and cholera infantum in which this plan was used with the most happy effect. *Medical Bulletin*.

CALCIUM SULPHIDE IN SUPPURATIVE DISEASES—Dr. D. G. Collins reports two cases of lingering suppuration, in which a cure was finally effected by the administration of calcium sulphide, one-half grain, every four hours. Impressed by the value of the remedy in these cases, he has since then prescribed it in a number of cases of threatened abscesses in different parts of the body, and has invariably been successful in preventing the formation of pus. *Northwestern Lancet*.

—THE—
IOWA STATE MEDICAL REVIEW

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. II.

DES MOINES, IOWA, AUGUST, 1885.

ORIGINAL ARTICLES.

HYSTERIA.

BY STELLA B. NICHOLS, M. D., DAVENPORT, IOWA.

Hysteria has been called the protean malady, because it simulates so many other disorders that, like the fabled Proteus, it is supposed to be capable of taking on all forms. It may be defined as a functional disorder of the nervous system characterized by various disturbances of motility, sensibility, and mentality, combined nearly always with derangement of the circulatory and nutritive systems. There is excessive variability as to the seat of these disturbances.

Sometimes one set of symptoms predominates, sometimes another. There may be exalted excitability in one part of the nervous system manifested in the form of hyperæsthesia or spasm, and which is associated with interrupted irritability of some other region, evinced by anæsthesia and paralysis. It has been said that we will find that the germs of hysteria exist in the majority of females, but that the soil is essentially different in different individuals. Others say that, while there are some persons who are constitutionally prone to hysteria, there are many who are incapable of having it. Heredity seems to be one of the most important etiological factors in the development of the disease. Insanity and various nervous diseases in the parents, especially in the mother, may be transmitted to the children in certain

analogous conditions, a transmutation in transition to the development of children, more frequently daughters. Education an important part in the development of the disorder. If a child is taught self control, to refrain from grief, or outbursts of a trifling and conscientious nature, under all circumstances, there will be a likelihood of its ever being hysterical. If on the other hand things are neglected, a case, for usually, hysteria is not correctly educated, the child copies the mother, it may be introduced, and thus we have almost invariably, the future disease. Statistics show that a very large proportion of hysteria develops between ten and twenty years. The cases which have been observed in childhood. Well marked hysteria develops in children from ten to twenty. The occurrence of the age of forty is rare, but are on record isolated cases have been observed at a late life. Physical weakness is considered among the symptoms of the disorder. The opinion is that "the most plausible origin of hysteria," Hasse adheres, namely, springs from a combination of the general and both central and peripheral

S. Weir Mitchell is, that "a low level of health is one, at least, of the factors of hysteria." He ascribes hysterical spasms to anemia or loss of general tone, or to a condition which he calls nervous exhaustibility, which is, perhaps, due to some form of defective nutrition of the nerve centres. He believes that there is always some such cause behind the spasms. Rosenthal believes that the character of the occupation pursued is an important element; sedentary pursuits, prolonged labor within doors, the absence of sufficiently varied and invigorating muscular exercise, deprivation of fresh air, and insufficient nourishment, are the unfavorable factors which may implant the germs of hysteria, by interfering with hematopoiesis and with the energy of the nervous system. Sydenham, many years ago, wrote: Disorders which we term hysteric in women and hypochondriac in men, arise from irregular motions of the animal spirits, whence they are hurried with violence, and too copiously to a particular part, occasioning convulsions and pain when they exert their force upon parts of delicate sensation; and destroying the functions of the respective organs which they enter into, and of those also whence they come; both being highly injured by this unequal distribution, which quite perverts the economy of nature. The origin and antecedent cause of those irregular motions of the spirits proceed from the weakness of their texture, whether it be natural or adventitious, whence they are easily dissipated upon the least accident, and their office perverted; for as the body is composed of parts which are manifest to the senses, without the mind consists in a regular object of reason only. And this intimately connected with the action of the body, is more or less according to the constituent of it. Hence women are more than men, because kind nature has finer and more delicate parts of body, being designed for

an easier life and the pleasure of men, who are made robust that they might cultivate the earth, hunt and kill wild beasts for food, and the like." To return, however, to the opinions of the authors of more modern times, we find Austin Flint expressing his opinion in these words:—"A great variety of causes may contribute to the development of the affection, among the more frequent being anemia, overtaking of mind and body, mental anxiety or grief, and the prostration incident to various diseases." Although comparatively few of the physicians of the present day maintain the Hippocratic theory, that the sole source of hysteria lies in the uterus and its annexes, every one must admit that the female sex furnishes by far the larger proportion of cases of the disorder. Various disturbances of the generative system, in the form of irritation or dislocation of the ovaries, displacements of the uterus, chronic metritis, and derangements of the menstrual function, constitute a prolific source of hysteria. Barnes says, "hysteria is sometimes cause, sometimes effect of amenorrhœa; it is usually associated with dismenorrhœa; more rarely with menorrhagia." In these chronic affections of the female sexual organs, which are so intimately associated with hysteria, it is frequently very difficult to determine the relations existing between the two, as to which is cause and which effect. According to the observations of Sydenham, one-half of the chronic affections occurring in females are due to hysteria. Another well known writer states that "one quarter of all females are affected with hysteria, and that one-half present some signs of hysteria or an excessive impressionability which differs very little from it." Even though hysteria is considered by many as a neurosis peculiar to women, this from Rosenthal seems to prove the idea erroneous: "Among one thousand cases of hysteria, either personal or taken from other authors, Briquet cites fifty examples which occurred in males. The predisposition of males to hysteria is therefore one-twentieth of that of females."

the death-like trance, in which the circulatory and respiratory functions may be reduced to a barely perceptible minimum. The disturbances of sensibility are characterized by hyperæsthesia, anæsthesia, analgesia and neuralgia. Sometimes we find hyperæsthesia of one half of the body, and anæsthesia of the other half. The surface hyperæsthesia usually affects the left side, and is limited by the median line. The hysterical headache, characteristically designated *clavus hystericus*, consists of very intense pain confined to a very small space. Similar painful points are sometimes found all over the body. Hyperæsthesia of the joints, more frequently of the hip and knee, may be difficult to diagnosticate from organic lesions. If the patient's attention is diverted, however, the joint may be manipulated at will. This, with the peculiar sensibility of the skin to pinching, even in parts which are remote from the joint, and the absence of nutritive changes of the muscles, will serve to demonstrate conclusively the nature of the affection. In muscular hyperæsthesia, slight pressure or motion will often produce intolerable pain. The so-called hysterical tripod, consisting of pain in the epigastrium, in the lower dorsal, and left mammary regions, may be placed in this category of phenomena, and is of interest from a diagnostic point of view. Hyperæsthesia of the organs of special sense, taste, smell and hearing; or an abnormal sensitiveness of the eye to light, are purely subjective sensations, although difficult to demonstrate as such. Pressure upon the spinous processes, over the ovary, or epigastric region, may, where there is an abnormal increase of reflex excitability, give rise to convulsions. Anæsthesia, by which we understand a loss of tactile sensibility, and analgesia, the strange condition in which, though the tactile sensibility is preserved, pain is not felt, may be observed as opposed to the hyperæsthesiæ of hysteria. In this condition, the loss of sensation rarely extends over the entire surface of the body. *Roche* says, "hemiplegia of sensation occurs more frequently and almost al-

ways on the left side. This latter fact is owing, according to *Briquet*, to the greater sensibility of the skin to stimulation, and to the greater delicacy of the tactile functions upon the left half of the body. The analgesia usually occupies the same limits as the anæsthesia; in exploration we may employ the point of a pin or the electric brush. According to *Charcot's* recent observations, (*loc. cit.*), hemianæsthesia, together with paresis and contracture of the limbs, appears to be connected with a bilateral or unilateral ovaralgia, and frequently changes its situation in the same way that the latter does. The anæsthetic region is sometimes interspersed with small spots in which sensibility remains intact. As a rule, the anæsthetic parts have also lost their sensibility to temperature and their reflex excitability." Anæsthesia and analgesia may be generalized, involving the skin, muscles, and joints, but are usually confined to certain nerve tracts. They may involve the various mucous membranes. Anæsthesia of the pharynx and conjunctiva is considered by many as a valuable diagnostic symptom. The neuralgiæ of hysteria are often of a temporary nature and usually occur after excitement or hysterical convulsions. Hemisideria is frequent, usually affecting the left side. The nucha and shoulders may be the seat of nerve pains. Intercostal neuralgia is of common occurrence. We may find rachialgia, lumbar neuralgia and sciatica, either simple or double. Pain in the region of the coccyx may occur in the presence of other hysterical symptoms in a manner which compels us to interpret it as a local hysterical phenomenon. Disorders of motility consist of paralysis, contractures, and convulsive conditions. We may find paraplegia or general paralysis. Hysterical paralysis is usually limited to a single member of the body. While there may be loss of sensation, the muscular contractility is normal. The muscles of the face and tongue are rarely involved. The patient can always talk. There is no atrophy of the muscles as in other varieties of paralysis. The contractures of hysteria may

THE IOWA STATE MEDICAL REPORT

in the slighter forms appear as an abnormal motor excitability, giving rise to vivacity and precipitation of certain movements, or in contractions of certain groups of muscles. The spasmodic phenomena may be observed in nearly every region of the body. Hysterical cough, asthma, hiccough, and eructations, are among the more frequent of these symptoms, and may be recognized by their failure to yield to the usual remedial agents. Actual convulsions may be partial or general, and may be with or without consciousness. They constitute a grave symptom of the most serious hysteria. The attacks may last a few minutes, or sometimes for twenty-four hours. Convulsions of hysteria may be hard to distinguish from those of epilepsy. In the latter there is complete loss of consciousness, and they are of shorter duration. The course of hysteria is chronic, its duration unlimited. Researches as to its pathology have been somewhat unsatisfactory. Charcot found in chronic cases a sclerosis of the spinal chord, though this condition was not constant. In our diagnosis, it is essential to know all the symptoms thoroughly, and to exclude by careful observation, all organic lesions. Electricity is a valuable aid where there are contractures and paralysis. The prognosis in the slighter forms depends upon the possibility of discovering and removing the causative agencies. In the grave forms, it is not good. In the treatment of hysteria the first indication will be, to find out the cause or different causes, and if possible remove them. Numerous methods of treatment have been tried by experienced practitioners with various results. As no two cases seem to present the same characteristics, so no positive rule of treatment can be adopted. Tilt gives the following:—The therapeutical indications in the treatment of hysteria are first, to blunt the sensitiveness of the nervous system by sedatives and antispasmodics, and to strengthen by metallic and other tonics, and by hygiene. Second, to cure all diseases of the sexual organs, and save the nervous system from visceral irritation, by good hygiene at menstrual

periods." Strik-
seemingly insig-
be necessary thro
treatment.

POST-MORTEM EXAMINATIONS

BY W. L. ALLEN, M. D.,
Read before the Iowa Association of
Births and Deaths, it is
part of section 5 as follows:
physician and of ten dollars
under penalty court of complete
covered in the State of Iowa
of the courts, to report at suit of the
the courts within thirty days of
date of their occurrence, all bir
deaths which may come under th
pervision with a certificate of th
of death, and such other facts.
Board may require in the blank
furnished as hereafter provide
these forms we find the followin
"State primary and immediate ca
death, and examine the list of d
printed on the cover of this book
this list among other diseases w
the following: "Cancer—variety
seat," "Disease of Heart—va
valves involved, if any." "Dre
variety and cause." "Enteritis
Gastro-Eenteritis, cause, if kn
"Jaundice—cause." "Peritonitis
ety, whether simple, puerperal,
cause," etc." "Metritis—variet
fection, "Uræia—cause or asso
Now I do not wish to discuss
rectness of classifying "Dropsy" and "Uræmia" i
diseases the object, as I und
our Board of Health and
these matters is two-fold
obtain evidence that
crime. Second, To
formation from which
statistics which may give
tality in different sec
with prevalence of,

certain diseases, and the causes of such prevalence or immunity.

Most physicians are conceited enough to believe that they can diagnose almost any case with an accuracy sufficient to enable them to adapt a rational line of treatment. This is fortunately true, but suppose there exists a doubt as to the exact pathology present and death ensues, are we justified in returning to our statistical Board for record certificates giving the *disease and cause of death* without first having made a post-mortem examination?

Full reports of cases with clinical history in detail are interesting and instructive, *provided* the diagnosis be correct; if a doubt exists as to that, such reports are worse than useless, they are dangerous and misleading. Physical diagnosis is carried out to such a nicety that it leaves but little darkness in cases of "cardiac" or pneumonic trouble. But we cannot be so positive in diseases complicating the abdominal viscera. There is scarcely a post-mortem examination made that does not reveal to the attending physician some pathological condition entirely overlooked by him in his study of the case. Moreover these examinations are most interesting and instructive to all interested in pathology, and often reveal conditions to the practitioner suggestive of a different course of treatment, or possibly of some operative measure.

How numerous are the cases called "Inflammation of the Bowels." Will someone explain why so many of these patients die, and give the exact pathology? What part of the bowel is compromised? Is it a serous, suppurative or plastic inflammation, and would the treatment vary much? Why in such cases is there such marked depression and high pulse with such a moderate elevation of temperature?

The following cases may serve to illustrate the necessity of post-mortems. Mr. Blank, act 56, a tall, spare Irishman, somewhat addicted to the use of alcoholic beverages, said he caught cold in April last, and was laid up with severe pains in abdomen. These were followed

and relieved somewhat by vomiting and purging, after which the bowels became constipated, only acting after use of purgatives; ate but little, and in May noticed a tumor in epigastrium. I first saw the patient July 6, he was fearfully emaciated, slightly jaundiced, temperature 103, pulse 120; presented a moderately hard, nearly painless tumor about the size of an hen's egg in epigastrium; bowels constipated, no appetite, and could retain but little food; tumor situated in left lobe of liver, rising gradually from the surface of the same; right lobe somewhat enlarged but smooth and free from nodules. Consultation called and patient put on alteratives, belladonna ointment applied over liver, beef tea and milk administered by the rectum three times a day. Patient was quite comfortable, with temperature rarely above 100 until August 7th, when pain became severe, liver having increased considerably in size, pulse over 100; lower extremities oedematous, some ascites. From this time he became worse and died September 3d. No post-mortem allowed. In death certificate cirrhosis of the liver is given as the disease, which can hardly be warranted. You will see under the microscope a section taken from the liver where the diagnosis was made antermortem of cancer of liver and even adhered to at the post-mortem examination although it was a fair case of cirrhosis of the liver.

I remember three interesting cases of cancer which I saw in a course on "physical diagnosis" in Vienna several years ago. The first occurred in a man about 42 years of age who presented many prominent symptoms of cancer of the stomach. The tumor was not easily discovered; it was thought to be located about the lesser curvature. Prof. Billroth operated some weeks afterward and removed a cancer of the pylorus, the patient recovering.

In a second case the class diagnosed cancer of the stomach and the post-mortem examination revealed a cancer of the left lobe of the liver. In the third case the man, about 45 years of age, complained of dyspepsia, was trouble for

months with obstinate constipation and was jaundiced. More recently he had been troubled with diarrhoea; it was moreover noticed that fatty foods passed from him undigested, spleen, liver and kidneys negative; some elevation of the temperature and some complaint of pain to the right of the stomach. We failed to make a diagnosis, but Prof. Nothnagel diagnosed the case, one of cancer of the Pancreas, which diagnosis was affirmed some months later by a post-mortem examination.

Dr. R. W. Hill, of Iowa City, has kindly sent me one of the specimens before you, together with a microscopic section from the same, and the following history: Mrs. Blank, aet. 52, sick for ten months, considerable pain and vomiting, the latter not persistent, no hæmatemesis, some difficulty in introducing aliment, although not so much as would have been supposed from the size of the stomach. The patient became greatly emaciated in the last three months, and two months before death ascites developed, and aspiration gave considerable relief, but the fluid re-accumulated. Cancer of the stomach was diagnosed. Post-mortem examination showed a very small, contracted stomach, the walls of which were as hard as sole leather and much thickened, with apparently no tendency to ulcerate; adhesions numerous, strong and large, and compromising the entire alimentary canal and the liver and spleen.

The other two specimens were taken from specimens of Dr. Crawford, with whom I was called in consultation. Dr. Crawford has kindly furnished me with the following histories of these cases:

"Mrs. S., aet. 60, German, had complained of more or less pain and trouble with her stomach for over a year; was treated by a homeopathic doctor for dyspepsia; I was called to see her about three months before her death and found her quite emaciated; she could take nothing but liquid nourishment and retained that with difficulty. At first the vomit was composed principally of mucous mixed with ingests, but later on it appeared black, evidently decomposed

blood; bowels only moved by enemata; no tumor could be felt; pain constantly present in epigastrium and at times excessive. Patient gradually became weaker, and some hours before she died vomited large quantities of blood, and died in collapse. Post-mortem examination showed cancer, with extensive infiltration and adhesions posteriorly, with ulceration near the pylorus, compromising the pyloric artery, hence the hemorrhage.

"Mr. L., aet. 56. German laborer, had digestive troubles for over a year. Quit work six months before death, complaining of pains in stomach. I was called to see the patient two months before his death, finding him much emaciated and complaining of pain, vomiting and constipation. Called Dr. Allen in consultation and we discovered tumor in epigastrium and diagnosed cancer of the stomach. Post-mortem examination some weeks afterward revealed cancer involving walls of stomach and pylorus, with firm adhesion to and much infiltration in duodenum and jejunum."

In another case in which no tumor could be discovered, but a diagnosis was made of cancer of the pylorus, the post-mortem revealed a scirrhus of the pylorus, causing a stricture of the same, but with no infiltration or ulceration of the contiguous parts. I am sorry I have not the specimen to show you, for it differs entirely from those before you, and would have shown indications for Wolfier's operation, while none of the specimens before you would have offered the slightest chance for interference. In this case, although the cancer had existed for three years or more, there were no adhesions and the stomach was in a very fair condition, save at the pylorus. In January of this year Billroth performed Wolfier's operation successfully, making a fistulous connection between the stomach and duodenum. Moreover he found the pylorus extensively invaded and liable to ulceration, so he decided to remove the same, which he did, and the patient made a good recovery.

Now Wolfier's operation was suggested by post-mortem examinations and

dissections and if any operation be justifiable on the stomach this certainly is the most desirable.

I was called last month to assist at a post-mortem examination of a German woman 56 years of age, who it was supposed died either from stricture of the oesophagus, or from cancer of the cardiac orifice of the stomach. No persuasion could avail anything; an absolute refusal and hard words were all we obtained, and the death certificate returned gave "Cancer of the stomach."

In the New York Medical Journal for March 28th, Dr. Fluhrer gives an interesting history of a pistol-shot wound of the brain, which was successfully treated by trephining, removing the ball and drainage. The Doctor states that a post-mortem examination made three years previously on a person whose death was caused by a similar pistol-shot wound suggested to him the possibility of removing the ball. He says, "Impressed by the conditions found at the post-mortem examination, I resolved that in another instance of similar injury I would try to track the bullet, and after extracting it, drain the wound."

It is not necessary to detail other cases.

Dr. Fluhrer shows the benefits derived from a post-mortem examination, even where the cause of death was perfectly understood, the object being to ascertain the deflection, if any, of a bullet after entering the cranium.

In the cases of cancer, the post-mortem examination only confirmed the diagnosis; in one instance, no tumor could be discovered ante-mortem, and the friends placed all the more confidence in the physicians on hearing that the diagnosis was verified and all doubt removed.

The cases which seem to be most neglected are those involving the large and small intestine, rectum and pelvic lining, such diseases as pelvic cellulitis and pelvic peritonitis are so often confused with general peritonitis and this latter with enteritis, that I believe I am not far wrong in stating that the much-abused term of "inflammation of the bowels" is often made to include any of these diseases, and furthermore, even

when an exact diagnosis is made and a fatal result ensues, would not a post-mortem examination reveal pathological conditions most instructive to us all, and indicating the use, or at least the trial, of certain medical or operative procedures which would eventually aid us materially in combatting these forms of inflammation.

Permit me then to urge upon every member of this society who is desirous of advancing our knowledge of pathology, the necessity of obtaining the real cause of death in every instance, and to this end the sympathy of the public must be obtained so that it may become generally understood that we feel that we are obliged to make these examinations in all doubtful and complicated cases.

SOCIETY REPORTS.

HAMILTON COUNTY MEDICAL SOCIETY ON MEDICAL LAW AND MEDICAL EDUCATION.

The following resolutions are based upon a paper read by Dr. McTavish of Eagle Grove, and before the Hamilton County Medical Society at its meeting in May last; they were passed and adopted, at the July meeting of the Society:

Whereas, that in the State of Iowa there is no law regulating the practice of medicine and surgery, and medical education to protect the people from imposition.

And whereas, the Iowa State Board of Health, as at present constituted, is by law a political creature, and under political surveillance.

And whereas, the medical profession in the State of Iowa should have control of all matters pertaining to the regulation of its own affairs and that of medical education.

Therefore, be it resolved that it is the sense of the Hamilton County Medical Society, that a law be enacted by the coming legislature repealing the present law concerning the Iowa State Board of Health, and in lieu thereof enact a law

THE IOWA STATE MEDICAL REPORTER.

making the said Iowa State Board of Health elective from the various congressional districts, the various schools of medicine to have representatives on the Board, as at present, but based according to the number of practitioners in each district, who shall be graduates of accredited medical colleges, and in actual and reputable practice in the State of Iowa for five years.

That the election shall be held and the returns made as in congressional election, and that none be permitted to vote for said candidates for members of the Iowa State Board of Health, but graduates from accredited medical colleges, who are in actual and reputable practice in the State of Iowa.

That the Iowa State Board of Health thus elected shall have the same powers, perform the same duties, and make reports to the same governmental officers as it now does.

That in addition, the Iowa State Board of Health shall have the power:

First.—To establish an office of Registration in the city of Des Moines in which all duly qualified physicians in the State of Iowa shall be registered, and the Secretary of the Iowa State Board of Health shall be the Registrar.

Second.—That it shall be the duty of the Iowa State Board of Health to establish and appoint a board of Matriculation Examiners, consisting of three members—two regular physicians who must be graduates from an accredited medical college, and the President of the State University. The Secretary of the State Board of Health shall be the Secretary of the said Matriculation Board of Examiners. All examinations must first be in writing, and afterwards, oral. The matriculation examinations must be held in Des Moines at a time that will be most convenient for those about to commence the course of any of the various medical colleges. Each candidate for examination must give notice with a fee of five dollars.

The subjects upon which the Matriculation Board of Examiners shall examine each and every candidate, irrespective of schools as a student in medi-

cine, shall be as follows: Language and literature, grammar, etymology and orthography, including vulgarisms. Algebra, including equations. Geometry, including American history. General science. In addition to the above, the following optional studies: Latin and grammar (Arnold's by Spencer.) *Cæsar*, (1st two books.) French natural philosophy, including mechanics, hydrostatics and pneumatics.

Every candidate for admission to the State Board of Health, who successfully passes the matriculation examination, shall receive a certificate of matriculation from the members of the Matriculation Board and the State Board of Health, after which he shall be considered as a regular student in the State of Iowa. After the passage of the State Board of Health, he shall receive the ticket or diploma in the State of Iowa as a regular medical college as a regular physician unless he or she be otherwise registered as such.

Third.—That it shall be the duty of the Iowa State Board of Health to require of every regular student of medicine, including five years' medical study and attendance in each year at a medical college, and at the State University, that every regular student of medicine, irrespective of schools, shall be required to pass before an examining board of the State Board of Health the following preliminary branches of science: Anatomy, Physiology, Materia Medica, Histology; and those who pass this primary professional examination, shall receive a certificate, signed by said board and the Secretary of the State Board of Health, with the seal of the board attached thereto.

They shall be duly registered as having passed the *primary professional examination*, in the office of the State Registrar of the Board of Health. After this registration of the successful candidates, they may then finish their course in whatever "school" of medicine they may elect to attend and graduate. After their graduation they must present themselves before the examining board of the State Board of Health for final examination in all the remaining branches of medicine not mentioned in the foregoing examination, each candidate giving notice to the Secretary of the State Board of Health six weeks before the day of examination; and as evidence that each applicant has completed his full course of three years of medical studies as required by the State Board of Health, each and every applicant must forward to the Secretary of the State Board of Health his diploma and the tickets, etc., at the time of his application for examination, with a fee of \$5.

To all who successfully pass the final professional examination, the State Board of Health will grant them a certificate of final registration, permitting them to practice medicine and surgery in the State of Iowa. Every professional examination, both primary and final must be first written and then oral. The examination of papers of every candidate whether successful or not, with all other papers pertaining to the professional examinations, must be filed in the office of the State Registrar as the property of the Iowa State Board of Health, for safe keeping and future reference.

That the two professional examinations must be held once every year on the first Wednesday in April in each year, and all candidates for either the primary or the final examination must apply to the State Medical Registrar at least six weeks before the day of examination.

Fourth.—That within sixty days after the passage of such an act, all who are graduates from accredited medical colleges and in reputable practice in

the State of Iowa, shall present their diplomas to the State Medical Registrar, and they shall, without examination, receive a certificate of final registration from the Iowa State Board of Health, permitting them to practice medicine and surgery in the State of Iowa.

All students in the State of Iowa, who are pursuing a regular course of medical studies in the various accredited medical colleges (irrespective of school) in the country at the passage of such an act, shall be exempt from the matriculation examination, but must present themselves for both the primary and final professional examinations, before the examining board of the State Board of Health before he can register and be permitted to practice medicine and surgery in the State of Iowa.

But let it be provided, that should any person come to practice medicine and surgery, or any of their departments in the State of Iowa from any other State or Country in the interim, the Secretary of the Iowa State Board of Health may, upon the party depositing his diploma and tickets, issue a provisional certificate, permitting him to practice medicine and surgery in the State until the next examinations shall be held.

Fifth.—That after such a law shall take effect no person shall practice medicine and surgery or any of their departments in the State of Iowa, who is not legally registered as provided by such a law; and that any person violating said law shall be fined not less than \$50 nor more than \$150 and costs for the first offense, and \$200 and costs for the second offense, together with imprisonment in the county jail for not less than six months.

D. MC TAVISH.
S. W. MOORHEAD. } Committee.
W. N. GREEN.

SCOTT COUNTY MEDICAL SOCIETY.

DAVENPORT, July 2, 1885.

REGULAR meeting.

The meeting was called to order at 8 o'clock by President J. H. Kulp.

In the absence of the secretary, Dr. Byrne was appointed secretary *pro tem*.

Members present:—Drs. McCowen, Peck, Kulp, Nichols, Crawford, Byrne and Braunlich, and students Smith and Hagebreck.

The minutes of the previous meeting were read and corrected.

Dr. L. W. Littig was proposed for membership by Dr. Byrne. Referred to Board of Sensors.

The resignation of Dr. Maxwell as Secretary of the Society was received and accepted, and Dr. Braunlich elected to fill the vacancy.

Dr. Peck presented several specimens with history of cases.

Case I. Boy, age 6 years, who, on June 26th, while playing with some timothy heads, put one into his mouth and inhaled it into his trachea. The next day he was brought to Dr. Peck, who performed tracheotomy and attempted, without success, to remove the body. The wound was kept open by means of sutures inserted in each side of the trachea and tied around the neck. The boy was much relieved by the operation and did well until July 2d, at 2 A. M., when great dyspnoea set in and continued until 11:30 A. M., when he died. Post-mortem:—The trachea near the wound was covered by an exudation somewhat resembling that of membranous croup, but there was not enough exudation to obstruct the current of air. The timothy head was lodged in the right bronchus, the stem pointing downward. Below the point of lodgment, the bronchus was filled with pus, and in the lower tube of the right lung pneumonia was developing.

Case II. Enchondromata, developing on the ninth rib of a girl aged 6 years. The tumor, which was about the size of a hen's egg, was removed, and part of the rib, which was diseased, was also removed. Child doing well.

Case III. Scirrhus cancer on the dorsum of hand in a man aged 45 years, involving the carpal and part of metacarpal region. All the extensor tendons were involved. The hand was removed

by amputation above the wrist joint. Man doing well.

Dr. Nichols, the essayist of the evening, read a paper on hysteria. On motion of Dr. Peck, the paper was received by the society.

A short discussion followed, in which Drs. Peck, Kulp and McCowen took part.

On motion of Dr. Byrne, it was resolved to continue meetings during the summer months.

Dr. Byrne, who reported a case of dislocation of the astragalus, was requested to report in full at the next meeting.

Dr. Braunlich was appointed essayist for the next meeting.

Adjournment.

H. BRAUNLICH, Sec'y.

SCOTT COUNTY MEDICAL SOCIETY.

DAYTONPORT, Aug. 6, 1885.

THE Academy of Sciences not being at the disposal of the Society, on invitation the meeting was held at Dr. Peck's residence.

In the absence of the president and vice-president, Dr. Crawford was elected president *pro tem*.

Members present: Drs. Crawford, Peck, McCowen, Bracelin, Byrne, Nichols, French and Braunlich, and students Jepson, Smith, Eckmann, Peters and Hagebreck.

The board of sensors reported favorably on the application of Dr. Littig for membership, and on motion of Dr. McCowen he was elected by acclamation.

After further routine business, Dr. Byrne read a paper, with report of a case, on dislocation of the astragalus.

On motion of Dr. Peck, the paper was received by the Society.

A short discussion followed, in which Drs. Peck, Byrne and Bracelin took part.

A case of scarlet fever, with relapse, was reported by Dr. Braunlich.

Dr. Peck presented several interesting specimens with history of cases, which occurred in his practice during the past month.

Case I. Compound, comminuted, compressed fracture of the left parietal bone near the sagittal suture, produced by the kick of a horse.

The man, a teamster, 35 years of age, was in a comatose condition when first seen. A button of bone was removed by the trephine, all the loose splinters of bone removed, and the membranes thoroughly cleansed. The man soon regained consciousness and has steadily improved.

Case II. Man about 25 years old, fell from a second story window and fractured his skull. The fracture extended from the left side of the frontal bone, through the left wing of sphenoid, through the parietal and into the occipital. Brain substance was oozing from the whole in the frontal bone.

The patient was in coma, and had occasional convulsions, during which he could scarcely be restrained. After removing two disks of bone, brain pressure seemed relieved and the patient became quiet. He died within thirty-six hours from the time of operation.

Case III. Man, aged about 38. One and a half years ago he complained of aphonia coming on suddenly every few weeks, but lasting only a few minutes. later he complained of pains in his head and went to the hot springs for several weeks, but came back unimproved. Then he began to complain of double vision in his left eye, then vision in that eye began to fail and gradually he lost all sight, although nothing abnormal could be discovered in the eye. Then the right eye became affected; first he saw double, then that eye also failed and he was totally blind—could not see the strongest light. He never complained of pain in the eyes during this time. After his sight had failed, he lost the power of smelling, and later, hearing also failed.

After this he had great pain in his head, which nothing would relieve but large doses of opiates, and after a time even opiates gave little relief.

Post-mortem examination revealed a tumor, about the size of a hen's egg, on

the left hemisphere, occupying the fissure of Rolando.

After a short discussion, adjournment.
H. BRAUNLICH, Sec'y.

DECATUR COUNTY MEDICAL SOCIETY.

LEON, Ia, August 7, 1885.

SOCIETY called to order at 1 P. M.

The president being absent, Dr. Layton was chosen to preside and then the regular order of business was taken up.

Members present, Drs. Hamilton, Doolittle, Gardner, H. C. Van Werden, W. Van Werden, Foxworthy and Hyatt.

The name of Dr. E. Mitchell was proposed for membership. Censors not being present the matter was laid over until the next regular meeting.

Committee on state legislation were not prepared to report, and on motion of Dr. Hamilton the secretary was requested to ask the said committee to be in readiness to report by Friday, September 4th, and the meeting called for that date and the matter to be acted upon.

Dr. Layton then reported post-mortems held since last meeting.

Remarks were heard from a number of those present.

Adjourned to meet Friday Sept. 4, 1885.

H. B. HORNER, Pres.
W. VAN WERDEN, Sec.

REPORT OF CASE.

TUBERCULOSIS TESTIS AND TUBERCULAR MENINGITIS.

BY A. D. BUNDY, M. D., ST. ANSGAR, IA.

PATIENT, P. O. Asperhiern, nearly forty years of age, Norwegian by birth, family history as far as could be ascertained excludes consumption or scrofula; several years ago he suffered from some form of fever, which, from his description, I believe was remittent; general health has always been good except occasional attacks of winter coughs, colds,

sore throat, etc. In 1883 I treated him for a chronic pharyngitis, combined with some laryngeal irritation, from which he seemed to recover; from that time up to his last sickness, I treated him occasionally for headaches, which were accompanied by furred tongue and constipation of the bowels, that seemed to be caused by derangement of the stomach and bowels. This trouble usually passed off in a few days, with aid of simple medication. On March 3, 1885, I was called to see him; found him in bed; temperature, 101; pulse, 100; pain in back, limbs and head—aching all over, as he expressed it; urine scanty, tongue slightly furred, mouth tasted bad. Right testicle swollen and painful. Along the spine, a slight chilly sensation. No cause could be assigned for the swollen testicle. Venereal and traumatic causes were positively excluded. The patient was given small doses of aconite and gels. with spts. ether, nit. and to the testicle was applied a cooling and sedative lotion, with support. The bowels being sluggish, calomel and soda were given; they operated next morning. This constituted the treatment up to the 8th. The night of the 7th, did not sleep on account of pain in head. The next evening I gave him pot. bromide, grs. 30, and morphia sulph., grs. $\frac{1}{4}$, which gave him a good night. The 9th found him still complaining of pain in the head; had vomited and felt very weak. During this time his temperature ranged from 100 to 101 degrees, there being a slight elevation in the evening. A sample of his urine, examined at different times, showed a small amount of albumen, and the last examination, only a trace. He was then put on the infusion of digitalis, with acetate of potash. From this time to the 14th, his condition seemed about the same, vomiting two or three times a day; evening temperature, 100 degrees; took very little nourishment. The night of the 15th he was delirious and tried to get out of bed; his talk was incoherent; dozed at times, then roused up with a start. Temperature, 100 degrees; right testicle some swollen, the left slightly so. March 16th, pulse, 60; temperature,

100; delirious and stupid alternately; refers all of pain to his head. For a few days following his condition remained about the same, at times rational when spoken to. On the 20th, retention of urine; catheter passed twice a day until his death, which occurred March 22d. During the last ten days he was delirious the greater part of the time; he had either convergent or divergent strabismus, and towards the last, tonic contracture of the muscles of the back of the neck; bowels constipated and only moved by purgatives; abdomen retracted. Although no post-mortem examination was held, the diagnosis after the disease was well developed was very plain.

Dr. Edward Boeckman, of Bergen, Norway, a gentleman of large experience and fine attainments, saw the case with me and confirmed the diagnosis. The somewhat rarity of this disease in the adult, and the seemingly rare focus of infection, prompts me to report this case.

I HAVE tested PEACOCK'S BROMIDES *without a single failure*. It acts like a charm, without any bad after effects.

A. W. K. NEWTON, M. D.
528 Tremont St., Boston, Mass.

I TRIED "Peacock's Fucus Marina," in two cases of typho-malarial fever (or remittent bilious fever with typhoid complications) *with success*, and I also used it in one case of jaundice with the best results. P. MCADAMS, M. D.,
Fosedale, Ohio.

SYRUP OF HYDRIODIC ACID IN ACUTE RHEUMATISM.—Dr. James Craig (New York Medical Journal) speaks highly of the syrup of hydriodic acid in the treatment of acute inflammatory rheumatism. It shortens the duration of the disease, relieves the pain, reduces the temperature, and leaves the patient without heart complications. The dose generally given is two to three teaspoonfuls in a wine-glass of water, every two hours, according to the indications. He claims that it also acts well in subacute rheumatism, but has no effect in the chronic form of the disease. Numerous cases are added showing its efficacy.

THE
Iowa State Medical Reporter.

DES MOINES, AUGUST, 1885.

EDITORIAL.

A REFLECTION.

He who ever learns, learns either from his own experience or from the experience of others; the lessons from the former are always more impressive and lasting. Although they produce more chagrin, humiliation and embarrassment on the one hand, they also give rise to a greater degree of satisfaction, independence, will and self-reliance. One who is able to review his experience and to mingle, as they come, his good and his bad, or those which elevated his spirits and increased his egotism and those which suppressed his enthusiasm and belittled him in his own estimation, should profit thereby, and the exhuberence of his enthusiasm should be toned down, the depth of his depression should be lessened and his determination should be strengthened either to persevere or abandon, as his good or bad experience may predominate.

Two years ago, impulse, stimulated by the enthusiasm that often accompanies inexperience, forced upon the medical profession of this state a medical journal, the IOWA STATE MEDICAL REPORTER. Could the proprietors have realized at the beginning the unremitting responsibilities, work, vexations, criticisms, and deficiencies to be made up, the REPORTER would never have been started. When the responsibilities and interests became less divided and the enthusiasm lost, pride and determination alone held the support to its place until the scale

turned and with it, returned the old enthusiasm and faith.

During all this time we have been the recipients of praise and encouragement from some member of our profession, mingled with snubs, irony and sarcasm from others. All of which we fully appreciated and tried to treat good naturedly, and we have the satisfaction of knowing that we succeeded except in one or two instances when the exasperation caused our resentment to get the better of our judgement. Of our voluminous correspondence some is valuable and highly prized, some interesting, and some extremely amusing. Our readers, (*constantly growing in numbers*), as a class, have treated us very kindly and in many ways have shown appreciation when our modesty would not permit us to believe it was merited. To those of our subscribers who have remained faithful to us, from the beginning, we feel truly thankful, and we gladly note that many, who at first, and for a long time after, "refused" our "compliments" and even did worse, are now subscribers and regular readers.

The long list of names of our contributors makes us feel, more than anything else, our obligations to the profession of the State. The State institutions have been very kind in furnishing tabulated reports. Our file contains "Society Reports" from a large majority of the working auxiliary societies; Scott County Medical Society has been specially regular in its reports. At the first meeting of the State Society, after our beginning, we were unknown and not recognized by the Society in any form. At the last meeting of the Society, unsought and a surprise to us, the REPORTER was unanimously recommended to the members of the Society and to the profession. A compliment fully appreciated.

For our advertisers we are also moved to an appreciation other than pecuniary. Of those who began with our first number two remain—Sharp & Smith of Chicago, whose relations have been satisfactory from the beginning, and we are pleased to add that we hear from all their patrons like sentiments, and therefore we cheerfully recommend them to all who have need of anything in the line of surgical instruments; and J. H. Whetstone, Iowa City, the other, whose a courteous treatment has long made him favorite among the students at the State University.

All our advertisers are, and have been leading representatives in their line of production or work. We can, and could at all times independently recommend them to our patrons. We have heretofore, and shall always refuse the advertisements from any other class. As a proof, we point to some of those whose card appears in this number. Parke, Davis & Co., whose fluid extracts and pills are in general use with every practitioner. The Rio Chemical Co., whose *Celerina* and *Pinus Canadensis*, are well-known. Fairchild Bros. & Foster, extensive manufacturers of Digestive Ferments, Fellows' Hypophosphites, Peacock's Bromides, and Queen & Co's., Microscopes are standard.

Our college patrons are the leading college of the East, Bellevue Hospital Medical College, and the leading colleges of the West, the Missouri Medical College, the oldest college west of the Mississippi, the Medical Department of the Iowa State University, whose standard and excellence of instruction are fully up to the high reputation that Iowa has for all her educational departments, and the Iowa College of Physicians and Surgeons, whose general course of in-

struction is not inferior to any Medical College in the west.

Our relations abroad among our contemporaries have been very pleasant. They have been considerate and charitable. Although far from a money-making enterprise, the REPORTER has been a success, inasmuch as it has accomplished all its publishers had anticipated. More could be said, but it is unnecessary. In closing our second volume to abandon the present dress there is a lingering regret like the parting with an old companion, and with it an uncontrollable feeling of thankfulness to all who have contributed to our success, and a forgetfulness and forgiving spirit to our enemies. The same faith that prompted the first number of the REPORTER now prompts the additional burdens and responsibilities we are about to assume; and our experience leads us to believe that the REPORTER in its new dress will meet the same reception that it had in its old.

REVIEWS.

Books and Pamphlets Received:

THE TECHNOLOGY OF BACTERIA INVESTIGATIONS, Explicit Directions for the Study of Bacteria; Their Culture, Staining, Mounting, etc., According to the Methods Employed by the Most Eminent Investigators. By Charles S. Colley, M. D. S. E. Cassino & Co., Publishers, Boston. 1885. 1 vol. 12mo. Cloth. Price, \$2. For sale by Redhead, Wellslager & Co., Des Moines, Ia.

To all who may wish to make researches in this field the book will prove a valuable aid. It is a complete guide, and is so arranged as to teach the practitioner how to see for himself. Part I. contains, 1. Microscopical Preparations, The Study of Living Forms, The Study of Medical Bacteria, and The Preparation of Bacteria for Photographing. 2. Culture Experiments. 3. Vaccination. 4. Biological Analysis. Part II. contains special methods for investigating Pathogenic Bacteria. Part III. contains a Formulary.

THE IOWA STATE MEDICAL REPORTER.

REPORT OF THE STATE BOARD OF HEALTH OF TENNESSEE FOR 1880,

report indicates that the Board made considerable progress, and that are keeping up with the sanitary movements in progress elsewhere.

REPRINT OF EDITORIALS abstracted in the July number of the *Alienist Neurologist*, by its editor, C. H. Rhodes, M. D.

INFLUENCE OF SEA VOYAGING UPON THE GENITO-UTERINE FUNCTIONS. A monograph by J. A. Irwin, M. D.

An interesting and instructive paper, based upon practical experience.

LESSONS IN THE ETHICS OF THE INTERNATIONAL MEDICAL CONGRESS. By Levi Cooper Lane, A. M., M. D., Professor of Surgery in Cooper Medical College, San Francisco.

MEMOIR OF CHARLES HILTON AGGE, M. D., late physician in Grey's Hospital, Examiner in Medicine in the University of London, etc. P. Blakiston, Son & Co., Publishers.

COLERA INFANTUM. By William Perry Watson, A. M., M. D. A reprint from the *"Archives of Pediatrics."*

Intended for a general exhaustive treatise. The treatment contains nothing new and is given under the sub-headings "Hygienic, Dietetic and Medicinal."

INADNESS AND CRIME. By Clark Bell, Esq., ex-president of the N. Y. Medico Legal Society.

HALL WE HANG THE INSANE WHO COMMIT HOMICIDES. By the same author.

These two papers, reprints from *The Medico Legal Journal*, should be read and studied by every member of the legal and Medical professions, and they would not hurt an "intelligent jury."

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS—Hints for Diagnosis and Treatment. By J. S. Beale, M. D., F. R. S., F. R. C. Philadelphia: P. Blakiston & Co., 1012 Walnut street. 1885. For Redhead, Wells & Co., Des Moines, Ia. Cloth. \$1.75.

A valuable book, like all of this author's contents it treats of Microbial and Chemical Examination of Urine, Substances not Healthy Urine, and Urinary

Calculi. By a careful study of the work one should learn to make a urinary analysis, and to diagnose many troubles that might be otherwise obscure.

HOMEOPATHY and its relations to the germ theory. By Robert M. Zorker, M. D.

A vigorous attack upon the regular profession that contains a culling of all that can be appropriated. From a therapeutic standpoint it (the germ theory) is "a delusion and a snare." "It is a scientific system."

DUTY OF THE STATE TOWARDS THE MEDICAL PROFESSION. A reprint. An address delivered before the Alumni of the University of Michigan. By Conrad George, M. D., Ann Arbor, Mich.

This address was written and delivered in defense of the state support for the Medical Department of the University of Michigan. It reviews the services rendered to the state by the Medical profession, and indicates a necessity for state support and standard of education.

CHEMICAL STUDIES ON DISEASES OF THE EYE. By Dr. Ferdinand Von Arlt, Professor of Ophthalmology, Vienna. Translated by Lyman Ware, M. D., Chicago, and Published by P. Blakiston, Son & Co., Philadelphia. Price, \$2.50; 321 pages.

This work, treating as it does, of diseases of the conjunctiva, cornea sclerotic, iris, and ciliary bodies only, furnishes far more matter on these subjects than is usually contained in text books. The high standing of the author, and the clinical way he has written the pathology and treatment, makes it specially valuable to the general practitioner, both as a text book and reference. Unlike most of the books "written for the general practitioner" and the student, which contain only a synopsis of the etiology, pathology and treatment, making it difficult for the practitioner to determine much, if any, analogy between the written description and the clinic, this work does not attempt to cover more ground than to which it can do justice, while it contains that which is of the most value to the general practitioner. For sale by Redhead, Wells & Co., Des Moines, Ia.

